MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09755

CERTIFICATE OF DEATH

Reg. Dist. No. 45

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL ROSEDALE MD
LENGTH OF STAY (in this place) 55YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1800 SUMMIT AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROSE DALE. MD.
STREET ADDRESS (If rural give location) 1800 SUMMIT AVENUE.

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) (Last) AMEND

4. DATE OF DEATH: (Month) Oct (Day) 13 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: APR. 30 1879

9. AGE Last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): GERMANY.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NICHOLS FRITZ

14. MOTHER'S MAIDEN NAME: MARIE SCHNELLBACH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: JOHN J. AMEND 1800 SUMMIT AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) DUE TO: Coronary Occlusion — Interval Between Onset And Death: Sudden

Antecedent causes (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO: Arteriosclerotic Cardio-Vascular disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1953, to Oct 13, 1953, that I last saw the deceased alive on Oct 13, 1953, and that death occurred at 8 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Baumgardner M.D. ADDRESS Balto 6 Md. DATE SIGNED 10/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF OCT 16 1953 — NAME OF CEMETERY OR CREMATORY SACRED HEART CEM. — LOCATION (City, town, or county) (State) GERMAN HILL RD MD

DATE REC'D BY LOCAL REGISTRAR 10-13-53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS Dyer Bro 1800 E LOMBARD ST.

VS. A-3

MARYLAND STATE DEPARTMENT OF HEALTH 09756

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place): 16yrs, 7mo. 24days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 250 Exeter Street

0001.4

3. NAME OF DECEASED (Type or Print): (First) Gracia (Grace) (Middle) (Andresini) (Last) Andressini

4. DATE OF DEATH: (Month) October (Day) 19, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 1892

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure

904.7 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Dehydration and Inanition

(c) Senile brain disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractureof left femur . — 1 month

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Hospital

(CITY OR TOWN): Catonsville, Md. (COUNTY): Baltimore (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 9-25-53 8:00 a.m.

INJURY OCCURRED While at work ☐ Not while at work X

HOW DID INJURY OCCUR? Pushed down on floor by another patient

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) Asst. M.E. — ADDRESS: 1010 Leeds Avenue, Arbutus, Md. — DATE SIGNED: 10-19-53

BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 10/22/53 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG.: OCT 20 1953 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Leonard Ruck — ADDRESS: 5305 Harford Rd.

MARYLAND STATE DEPARTMENT OF HEALTH 10545

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place) 5 yrs +; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 May Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural, give location) 5 May Ave

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Arston

4. DATE OF DEATH: (Month) Oct (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 1910

9. AGE last birthday: 43 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Nashville Tenn

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ?

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Landlord: Alonzo Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

32 2nd

Immediate cause (a) Heart disease, acute congestive failure — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Alcoholism, Chronic — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Collin L. Hudson M.D., D.M.E. ADDRESS Towson Md DATE SIGNED 10/11/53

23. BURIAL, CREMATION REMOVAL (Specify) Cremated — DATE THEREOF Nov. 25, 53 — NAME OF CEMETERY OR CREMATORY U. of Maryland Med. School — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 12/9/53 — REGISTRAR'S SIGNATURE Mabel Gray

24. FUNERAL DIRECTOR — ADDRESS The Anatomy Board of Maryland

per: Mary Frampton Christie

VS. 5A

RECEIVED
DEC 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 33757

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard X
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2355 Eutaw Place

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) (NMI) (Last) BACH

4. DATE OF DEATH: (Month) October (Day) 17 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/3/89

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Simon Bach

14. MOTHER'S MAIDEN NAME: Theresa Ertuck

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY No.: 215 09 9828

17. INFORMANT & ADDRESS: Clin.Rec.Vet.,Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) RUPTURE OF INFARCT OF LEFT VENTRICLE — Interval Between Onset And Death: 3Days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) CORONARY THROMBOSIS

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Oct.13, 19 53 to Oct.17, 19 53, that I last saw XXXXXXXXXXXXXXXXXXXX alive on and that death occurred at 3:05 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. VANDEGRIFT, M.D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 10/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10-19-1953 NAME OF CEMETERY OR CREMATORY Hebrew Friendship Cemetery LOCATION (City, town, or county) (State) 3600 E Balto St. Balto, Md.

DATE REC'D BY LOCAL REGISTRAR OCT 18 1953 REGISTRAR'S SIGNATURE Huntington Williams, M.D.

24. FUNERAL DIRECTOR Jack Lewis Funeral Home ADDRESS Eutaw & North Ave. Balto, Md.

Dawson L. Farber mnb

VS. 1-56

RECEIVED
OCT 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

33760

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville, 52
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5536 Frederick Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville, 52
STREET ADDRESS (If rural, give location) 5536 Frederick Ave.

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) Shellman (Last) Baer

4. DATE OF DEATH: (Month) Oct. (Day) 3, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 17, 1875

9. AGE last birthday: 78 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner Lumber Mfg.Co. Saw Mill

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Arthur Pue Baer

14. MOTHER'S MAIDEN NAME: Elizabeth A. Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Richard P. Baer 1500 Frederick Ave. Catons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4428

Immediate cause (a) MYOCARDIAL RENAL DISEASE (ARTERIOSCLEROTIC) — Interval Between Onset and Death: 1-2 yrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) ATHEROSCLEROSIS.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 0 M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 19 53, to OCT. 3, 19 53., that I last saw the deceased alive on Oct. 3, 1953., and that death occurred at 8:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. Lloyd Johnson. M.D. ADDRESS 6348 Frederick Road Catonsville DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 6, 1953 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 10/6/53 — REGISTRAR'S SIGNATURE: A.W.Hedrich

24. FUNERAL DIRECTOR ADDRESS: John O. Mitchell & Sons Inc. 1900 Eutaw Place

dmr.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1953 38

CERTIFICATE OF DEATH

Reg. Dist. No. 101

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson 4
LENGTH OF STAY (in this place) 10/15 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland 02

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 12X-2
STREET ADDRESS (If rural give location) Aberdeen Route #1

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) Viola (Last) Baker

4. DATE OF DEATH: (Month) 10 (Day) 30 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 23, 1914

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Marion Va 4

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James M. Dean

14. MOTHER'S MAIDEN NAME: Susie Shinault

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Robt. L. Dean Aberdeen RD#2 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 14 yr.

002X

Immediate cause (a) DUE TO: Pulmonary Tuberculosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: An Embolus following Pneumonectomy

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 18, 1953, to Oct 30, 1953, that I last saw the deceased alive on Oct 30, 1953, and that death occurred at 10.40 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Milton B. Kraus M.D. ADDRESS Eudowood Sanatorium, Towson 4, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 11/2/53 NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery LOCATION (City, town, or county) Bel Air RD. Md. (State)

DATE REC'D BY LOCAL REGISTRAR: Nov 2-53 REGISTRAR'S SIGNATURE: Hattie R. Perry, Mate. Gray m.d.

24. FUNERAL DIRECTOR: John G. Darring ADDRESS Aberdeen Md.

VS. Alb

RECEIVED
NOV 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 52
LENGTH OF STAY (In this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital 16

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unknown 16X-2
STREET ADDRESS (If rural give location) Unknown ✓

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Bakersmith

4. DATE OF DEATH: (Month) October (Day) 18, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

340.3

Immediate cause (a) Acute purulent meningitis, organism undetermined

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-8-, 19 53, to 10-18-, 19 53, that I last saw the deceased alive on 10-18-, 19 53, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B. Hermann-Green, MD ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 10-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct. 22-1953 NAME OF CEMETERY OR CREMATORY Glenwood Cemetery LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR 10/19/53 REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR W. W. Chambers ADDRESS 1400 Chapin St. N.W.

VS-A

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY [redacted] Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 54 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS at home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 2224 Old Frederick Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Rosalie	Barrett	Ball	Oct - 19 - 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	S	Apr-19-1880	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	None	Baltimore, Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
David C. Ball	Annie De Vere

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No None	None	Mrs. Rosalie B. Davis (niece) 2224 Old Frederick Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
153X Immediate cause	(a) Adenocarcinoma of sigmoid colon with metastases	3 yrs +
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
Nov 29, 1950	Adenocarcinoma of sigmoid colon with metastases	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from June 23, 1953, to Oct. 19, 1953, that I last saw the deceased alive on Oct. 19, 1953, and that death occurred at 11:20 A. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
John Frederick J.	M. D.	1118 St Paul St, Balto. 2, Md	10-20-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct-21-1953	Baltimore Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-20-53	A. W. Hedrich dmr.	Stewart & Mowen Co.	108 W. North Ave.

VS-A15 8-51

Item 18, 22 & 21 & Film G160 12-7-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rogers Forge; LENGTH OF STAY (In this place): X; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dumbarton & York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rogers Forge; STREET ADDRESS (If rural, give location): 7405 York Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Dr. IRA,	EUGENE	BAYER, Jr.	October	24,	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	Jan. 14, 1906	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
physician	medical	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ira E. Bayer, Sr.	Pauline Force

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	no	Mrs. Dorothy Grimm Bayer-7405 York Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

E980.2 Immediate cause (a) Barbiturate intoxication, acute.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	near home	Dumbarton & York Rd.	Balto.	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Oct. 24, 1953 – m.		Took an over-dose of barbiturate.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: R. H. Fisher (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/28/53	Western Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-27-53	a w Hedrick	Wm. J. Fisher & Sons	Balto. 17, Md.

1a ✓ 1st

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lochearn — LENGTH OF STAY (in this place): X — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3667 Forest Hill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lochearn — STREET ADDRESS (If rural, give location): 3667 Forest Hill Road

3. NAME OF DECEASED (Type or Print): (First) HERMAN (Middle) (Last) BECKER

4. DATE OF DEATH: (Month) Oct (Day) 17 (Year) 1953

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: March 5, 1883 — 9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant — 10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Material — 11. BIRTHPLACE (State or foreign country): Latvia — 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Abraham Becker — 14. MOTHER'S MAIDEN NAME: Katherine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO.: — 17. INFORMANT: William Becker 3667 Forest Hill Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331K **Immediate cause** (a) Cerebral Hemorrhage — Interval Between Onset and Death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from about, 1941, to Oct. 17, 1953, that I last saw the deceased alive on Oct. 17, 1953, and that death occurred at 2.30 P. m., from the causes and on the date stated above.

SIGNATURE: Nathan Stupp — (Degree or title): M.D. — ADDRESS: 3100 Garrison Blvd. — DATE SIGNED: 10/17/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: October 1953 — NAME OF CEMETERY OR CREMATORY: Bonnie View Cemetery — LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REG.: OCT 18 1953 — REGISTRAR'S SIGNATURE: Huntington Williams, M.D. Dr. Nan D. Williams, M.D. — 24. FUNERAL DIRECTOR — ADDRESS: L. Leeman & Bro. 1126 W. Baltimore Ave

VS.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
LENGTH OF STAY (In this place): X 46 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gore's Mill Road X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
STREET ADDRESS (If rural, give location): Gore's Mill Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Martha (Last) Bollinger
4. DATE OF DEATH: (Month) October (Day) 28 (Year) 19 53
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 19 1861
9. AGE last birthday: 92 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Augusta Redding
14. MOTHER'S MAIDEN NAME: Lydia Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: George I Bollinger Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Myocarditis - Chronic — 4 Cal. mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Decompensating Hypertension & general Arteriosclerosis — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-30, 19..., to 10-28-53, 19..., that I last saw the deceased alive on 10-28-53, 19..., and that death occurred at 6.15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Wm L. Cafferty M.D — Reisterstown Md — 10-29-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Oct 30 1953
NAME OF CEMETERY OR CREMATORY: Manchester Cemetery
LOCATION (City, town, or county) (State): Manchester Md

DATE REC'D BY LOCAL REG.: 10-29-55
REGISTRAR'S SIGNATURE: Mary B. Shue.
24. FUNERAL DIRECTOR — ADDRESS: Wm Berryman & Sons Reisterstown Md

NO.
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; MARYLAND; LENGTH OF STAY (In this place) 49 Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7115 Holabird Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location) 7115 Holabird Ave.

3. NAME OF DECEASED (Type or Print): (First) Julianna (Middle) Borman (Last)

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 28, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 23, 1887

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Nearing

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Mr Charles Borman (Same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
153X Immediate cause	(a) Carcinoma of Hepatic flexion of Colon	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized metastasis	1 year
	(c) Hypertension, arterio-sclerosis Cardio vascular disease	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: V

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 1952, to Oct 28, 1953, that I last saw the deceased alive on Oct 28, 1953, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Eugene F. Neary M.D. 7001 Mornington Rd Dundalk 22, Md 10-29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct. 31, 1953

NAME OF CEMETERY OR CREMATORY: First Evangelical Church Cem.

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: October 31st 1953

REGISTRAR'S SIGNATURE: RW

24. FUNERAL DIRECTOR ADDRESS: Henry Sander & Sons Inc. Baltimore Maryland

Henry F. Sander

Film #G-159 Item No. 14, 10/23/53, dmp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) -
HOSPITAL OR INSTITUTION OR STREET ADDRESS 352 Greenlow Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 352 Greenlow Rd

3. NAME OF DECEASED (Type or Print): (First) Leonard (Middle) J. (Last) Bruchey

4. DATE OF DEATH: (Month) Oct (Day) 10 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-30-1890

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotster

10b. KIND OF BUSINESS OR INDUSTRY: Hutzler Bros.

11. BIRTHPLACE (State or foreign country): Balto — Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Bruchey

14. MOTHER'S MAIDEN NAME: [illegible] Ida Leyman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-01-1157

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

33/X **Immediate cause** (a) Cerebral Hemorrhage, left — 2 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Essential Hypertension, severe — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1953, to Oct. 10, 1953, that I last saw the deceased alive on Oct 10, 1953, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

[signature] M.D. — 1 Mallow Hill Ave — 10/12/53

BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-14-53 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Belair Rd Balto

DATE REC'D BY LOCAL REG. 10-13-53 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR AND ADDRESS: Thomas J. Kenny Inc 1600 Hollins St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson X — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland 02

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 12, Md 0001-4
STREET ADDRESS (If rural give location) 4801 Old York Rd. ✓

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Brunnett

4. DATE OF DEATH: (Month) Oct (Day) 19 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, (WIDOWED), DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 17, 1874

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany 56

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Linker

14. MOTHER'S MAIDEN NAME: Ann Lochel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4- no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Pulmonary Tuberculosis. DUE TO — Interval Between Onset And Death: 19 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1953 to Oct 19, 1953, that I last saw the deceased alive on Oct 19, 1953, and that death occurred at 11.30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Milton B. Kress M.D. — ADDRESS Eudowood Sanatorium - Towson 4, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct 22/53 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) (State) Balto. Md

DATE REC'D BY LOCAL REGISTRAR 10-20-53 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR A.W. Jenkins Sons — ADDRESS 4905 York Rd

VS. A1b

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 6 J

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 15 8-51

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 Compaso Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) 118 Compaso Rd.

3. NAME OF DECEASED: (Type or Print) (First) MARGUERITE (Middle) M. (Last) BURFIELD

4. DATE OF DEATH: (Month) Oct. (Day) 29 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Jan. 28-1909

9. AGE last birthday: 44 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Staten Island N.Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Mc Donald

14. MOTHER'S MAIDEN NAME: Martha Kodecke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Edwin M. Burfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

172 X

Immediate cause (a) Carcinoma body of uterus — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: Feb. 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma uterus

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

INJURY OCCURRED While at work ☐ Not while at work ☐ —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb, 1952, to 10-29, 1953, that I last saw the deceased alive on 10-26, 1953 and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Owen Mooney M.D. ADDRESS 3105 Belair Rd Balto 12 Md. DATE SIGNED 10-30-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Nov. 2 - 1953

NAME OF CEMETERY OR CREMATORY Belair Memorial

LOCATION (City, town, or county) (State) Belair Md

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John G. Connelly — ADDRESS 418 Eastern Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A16

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
   LENGTH OF STAY (in this place): 10 hrs 15 min
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY:
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Westminster
   STREET ADDRESS (If rural give location): Route # 2

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) E. (Last) BYERS

4. DATE OF DEATH: (Month) October (Day) 18 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-27-88

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Westminster, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Byers

14. MOTHER'S MAIDEN NAME: Mary Crowl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) MYOCARDIAL INFARCTION	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) PULMONARY EMPHYSEMA AND COR PULMONALE	UNKNOWN
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1:45 P.M. Oct. 17, 53 to 12:00 M. October 18 19 53, and that death occurred at 12:00 Mid., from the causes and on the date stated above.

SIGNATURE (Degree or title): FRANCIS J. DICKEY, M. D. — ADDRESS: Chief, Medical Service, VAH, Fort Howard, Md. — DATE SIGNED: 10-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 21 '53 — NAME OF CEMETERY OR CREMATORY: Kriders Reformed Cemetery — LOCATION (City, town, or county) (State): Westminster, Maryland

DATE REC'D BY LOCAL REGISTRAR: 10-19-53 — REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR — ADDRESS: J. E. Myers, Jr. Funeral Home, Westminster, Maryland

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09770

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; MARYLAND; LENGTH OF STAY (In this place) 32yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Reads Drug Store

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; STREET ADDRESS (If rural, give location) Pleasant Hill Rd.

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Eugene (Last) Callaghan

4. DATE OF DEATH: (Month) 10 (Day) 24 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-1-1882

9. AGE last birthday: 71 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Steam Fitter - Retired 1949

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Stephen Callaghan

14. MOTHER'S MAIDEN NAME: Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 212-03-2765

17. INFORMANT AND ADDRESS: Lucy May Callaghan - Owings Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

42.2 Immediate cause (a) Angina Pectoris — 6 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Hypertensive C.V. Disease — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Carcinoma of Prostate — 1 yr.

19a. DATE OF OPERATION: None. 19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: None. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): None. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: None. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR? None.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✕, Inquiry ✕ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✕, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: D.D. Caples, Deputy Med Exam. (Degree or title) M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: Oct 25 53

FINAL DISPOSITION: Burial DATE THEREOF: 10-27-53 NAME OF CEMETERY OR CREMATORY: Druid Ridge LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE RECD BY LOCAL REG.: 10-25-53 REGISTRAR'S SIGNATURE: Mary B. Elvin. 21. FUNERAL DIRECTOR: Frank H. Newell - Pikesville 8, Md. ADDRESS

MARGIN RESERVED FOR BINDING

USE INK. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 27
WATER

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balt. — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — LENGTH OF STAY (In this place) 54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Beach
STREET ADDRESS (If rural, give location) Box 97

3. NAME OF DECEASED (Type or Print): (First) Jose (Middle) (Last) Castro
4. DATE OF DEATH: (Month) Oct. (Day) 24 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	Single	July 4-1899	54 yrs.	3	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman	U.S. M.C.	Spain	

13. FATHER'S NAME Ramon Castro
14. MOTHER'S MAIDEN NAME Josefa Bau

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INTERMENT AND ADDRESS Helen M. Langford — 2503 Foster Ave Balto. 24, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DROWNING —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Patapsco River	Balt. Ind.	Balto.	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
Oct. 24 1953 about noon m.		Not known - Found floating

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

P. H. Arro MD [illegible] Baltimore — 10/26/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/28/53	Baltimore Cemetery	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-27-53	A W Hedrick	John L. Connelly	Essex Md.

VS-6A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 4, Maryland
MARYLAND
LENGTH OF STAY (in this place) (16 yr, 1 mo, 6 da.)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Sheppard & Enoch Pratt Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2925 Overland Avenue

3. NAME OF DECEASED: (First) Arthur (Middle) Pritchard (Last) Claridge

4. DATE OF DEATH: (Month) October (Day) 26 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: January 21, 1866

9. AGE last birthday: 87 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Treasurer

10b. KIND OF BUSINESS OR INDUSTRY: Balto. Enamel Co.

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Claridge

14. MOTHER'S MAIDEN NAME: Louise Eaton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Chronic Myocarditis — Interval Between Onset And Death: 16 yr +

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — " +
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — " "

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 23, 1937, to Oct 26, 1953, that I last saw the deceased alive on Oct 26, 1953, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE W. W. Elgin M.D. (Degree or title) THE SHEPPARD & ENOCH PRATT HOSPITAL
ADDRESS Towson, Md
DATE SIGNED 10/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/28/53
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Balto. Md (State)

DATE REC'D BY LOCAL REGISTRAR 10-28-'53
REGISTRAR'S SIGNATURE D W Hessong
24. FUNERAL DIRECTOR Henry H. Witzke
ADDRESS 4101 Edmondson Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARTIN RESERVED FOR BINDING

VS. A-13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Padonia Rd~~ Cockeysville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 116 Padonia Rd. Life

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) 116 Padonia Rd.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Cecelia (Last) Slinker

4. DATE OF DEATH: (Month) 10 (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W. Married

8. DATE OF BIRTH: July 29 1880

9. AGE last birthday: 73 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Edward Concannon

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Walter Snyder Cockeysville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage - hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 Yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 19 49, to Oct 20, 19 53, that I last saw the deceased alive on Oct. 20, 1953, and that death occurred at 9A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): I. Glide Custodo, M.D. | ADDRESS: Cockeysville Md. | DATE SIGNED: 10/26/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 10-30-53 | NAME OF CEMETERY OR CREMATORY: St. Joseph's | LOCATION (City, town, or county) (State): Texas, Balto Co. Md.

DATE REC'D BY LOCAL REG. 28 Oct. 1953 | REGISTRAR'S SIGNATURE: [illegible] | **24. FUNERAL DIRECTOR** | ADDRESS: L. Scott Brooks, Sparks, Md.

RECEIVED
OCT 30 19
BUREAU V

Film#G159 Item No. 12 11 4/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 774

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard X
LENGTH OF STAY (in this place) 38 days 18
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 4809 Reisterstown Road

3. NAME OF DECEASED: (Type or Print) (First) AARON (Middle) (NMI) (Last) COHEN

4. DATE OF DEATH: (Month) October (Day) 28 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced

8. DATE OF BIRTH: 12-29-07

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Truck driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kretinger, Lithuania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Cohen

14. MOTHER'S MAIDEN NAME: Bessie (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 217-03-0850

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

145 X

Immediate cause (a) SQUAMOUS CELL CARCINOMA OF TONSIL — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept.20,1953, to Oct. 28, 1953, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 10-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10-29-53

NAME OF CEMETERY OR CREMATORY Herring Run Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 10-29-53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS
Jack Lewis Inc. Funeral Home
2100 Eutaw Place, Baltimore, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-8

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND — LENGTH OF STAY (in this place)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN South of Fork
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 147

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 610 E. Biddle Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
RAYMOND	Douglas	COLE	10	9	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	8/29/1907	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Construction Co.	New York N.Y.	U.S.A.

13. FATHER'S NAME —

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No		Edna Cole, 610 E. Biddle Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) CRUSHING INJURY OF CHEST	
823X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
0		

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	STREET-Road	Balto Co-Rte 147-1½ Mi S. of Forks, MD		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
10	9	53	12:55 p.m.			Auto ran off Road into Stone Wall

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R B Fisher	MD	700 Fleet Balto MD	10/10/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	10/13/53	St. Peters Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-14-53	#1	Wm. Cook, Inc.,	1217 E. Fund Ave

VS-5A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 780 Charing Cross Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 780 Charing Cross Rd.

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) LEE (Last) COLSON

4. DATE OF DEATH: (Month) Oct. (Day) 3 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov. 29, 1918

9. AGE last birthday: 34 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Tool Co.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Arthur M. Colson

14. MOTHER'S MAIDEN NAME: Annie E. Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. 2

16. SOCIAL SECURITY No.: 212-09-8513

17. INFORMANT & ADDRESS: Mrs. Arthur Colson 780 Charing Cross

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Cardio Respiratory failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Myocardial Degeneration

DUE TO

(c) Coronary Thrombosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to 3 Oct. 1953, that I last saw the deceased alive on 3 Oct., 1953, and that death occurred at 9:00 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

William J. Bryan M.D. 4605 Edmondson Ave 5 Oct 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 10-6-53 — NAME OF CEMETERY OR CREMATORY: Balto. National Cem. — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 10-6-53 — REGISTRAR'S SIGNATURE O E Harry

24. FUNERAL DIRECTOR — ADDRESS: George A. Farley, Catonsville, Md.

RECEIVED
OCT 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
   LENGTH OF STAY (In this place): 15 Yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 320 Westown Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
   STREET ADDRESS (If rural, give location): 320 Westown Road

3. NAME OF DECEASED (Type or Print): (First) Edythe (Middle) Dixon (Last) Candon

4. DATE OF DEATH: (Month) (Day) (Year) 10/8/1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Oct. 10, 1899

9. AGE last birthday: 54 yrs.
   If under 1 year: Months / Days
   If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Renick West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Howard D. Littlepage

14. MOTHER'S MAIDEN NAME: Mamie Muching

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
    (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NO

17. INFORMANT: Allen F. Candon 320 Westown Road 23

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcinoma of Colon

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15, 1953, to 10/10, 1953, that I last saw the deceased alive on 10/8, 1953, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R. Cecil Langlitz, M.D. ADDRESS: 4508 Edmondson Village DATE SIGNED: 10/10/53

23. BURIAL, CREMATION / REMOVAL (Specify): Cremation
DATE THEREOF: 10/12/53
NAME OF CEMETERY OR CREMATORY: Louden Park
LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 10/10/53
REGISTRAR'S SIGNATURE: A.W. Hedrich Jr.

24. FUNERAL DIRECTOR: John T. Stansbury ADDRESS: 2700 Edmondson Ave.

The Kingdom

Film#G159Item No. # 12, 11/12/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 14 hrs 30 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 103 E. 39th Street

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) H. (Last) CORBETT

4. DATE OF DEATH: (Month) October (Day) 28 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-25-86

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ottawa, Canada

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Corbett

14. MOTHER'S MAIDEN NAME: Rachael Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260K

Immediate cause — (a) MYOCARDIAL INFARCTION — Interval Between Onset And Death: 4 DAYS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DIABETES MELLITUS — 30 YEARS

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8:00 PM Oct. 27 53, to 10:30 AM Oct. 28 53, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

FRANCIS C. DICKEY, M.D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 10-29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-2-1953 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11/2/53 — REGISTRAR'S SIGNATURE: H. W. Redmond, Dmr

24. FUNERAL DIRECTOR — ADDRESS: Earl B. Wolverton Funeral Home Inc. 403 E. 25th Street, Baltimore, Maryland

VS.

Item 8 Film 6159 11/12/53

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (In this place) 11 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 PORTSHIP Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22
STREET ADDRESS (If rural, give location) 19 PERTSHIP Rd.

3. NAME OF DECEASED (Type or Print): (First) DELLA (Middle) ROBINSON (Last) COULTER
4. DATE OF DEATH: (Month) 10 (Day) 28 (Year) 1953

5. SEX: FEM.
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 24 APRIL 1879
9. AGE last birthday: 74 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): PENNA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ANDREW ROBINSON
14. MOTHER'S MAIDEN NAME: MARTHA Mc FEATERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: MRS. P.B. KEBERKNIGHT — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. E. Davis MD Dundalk 22 Md 10/30/53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: 10-31-53
NAME OF CEMETERY OR CREMATORY: MEADOWRIDGE
LOCATION (City, town, or county) (State): BALTO. Md

DATE REC'D BY LOCAL REG.: Oct 30-1953
REGISTRAR'S SIGNATURE: Wilmon M. Kelly
24. FUNERAL DIRECTOR: Wm. Burton Bradley
ADDRESS: Dundalk, Md.

RECEIVED
NOV 4 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Towson MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Melrose + Bellona X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Balto~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1418 N. Patterson Park

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Katherine Sybil (Last) Cox

4. DATE OF DEATH: (Month) Oct. (Day) 28 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr. 24-1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Holdefer

14. MOTHER'S MAIDEN NAME: Elizabeth Weitzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr Joseph H. Cox - 1418 N. Patt Park

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
416X Immediate cause	(a) Cerebral Embolus.	3 days.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Rheumatic Heart Disease. & Fibrillation. DUE TO	13 yrs.
	(c) DUE TO	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Debilitation following operation for Amputation of right leg due to embolus	1 yr.

19a. DATE OF OPERATION: 10/

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) No. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ,1941., to Oct 27., 1953., that I last saw the deceased alive on Oct 27., 1953., and that death occurred at 9:45 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John A. Myers M.D. 1042 E. Biddle St. Balto 2. Md. 10/28/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct. 30, 1953 NAME OF CEMETERY OR CREMATORY Parkwood Cem. LOCATION (City, town, or county) (State) Baltimore - Md.

DATE REC'D BY LOCAL REGISTRAR 10-29-53 REGISTRAR'S SIGNATURE C W Hendricks

24. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS 5305 Harford Rd.

VS. A

Dr. Myers
104 E. Biddle

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]82

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important.—Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A[illegible]

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X SPARROWS POINT
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 607 F. ST

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X SPARROWS POINT
STREET ADDRESS (If rural give location) 607 F. ST

3. NAME OF DECEASED: (Type or Print) (First) DAWSON (Middle) SHREEVE (Last) CRAFT

4. DATE OF DEATH: (Month) OCT (Day) 6 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAY 22. 1900

9. AGE last birthday: 53 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ROLLER

10b. KIND OF BUSINESS OR INDUSTRY: BETH. STEEL

11. BIRTHPLACE (State or foreign country): UNIONTOWN MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL B. CRAFT

14. MOTHER'S MAIDEN NAME: MARY E. DAWSON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MRS. MILDRED CRAFT 607 F. ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

163X

Immediate cause (a) Generalized Carcinomatosis — 8 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma of Lung — 2 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1953, to Oct. 6, 1953, that I last saw the deceased alive on Oct. 5, 1953, and that death occurred at 4:10 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Herbert J. Mans M.D. 520 D St. 10/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF OCT. 9. 1953

NAME OF CEMETERY OR CREMATORY BETHEL

LOCATION (City, town, or county) (State) CARROLLTON MD

DATE REC'D BY LOCAL REGISTRAR OCT 9 53

REGISTRAR'S SIGNATURE A W Sedrich

24. FUNERAL DIRECTOR ULLRICH FUNERAL HOME ADDRESS 2112 DUNDALK

dcL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 U-533

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Owings Mills
LENGTH OF STAY (in this place) X 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kingsley Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Owings Mills
STREET ADDRESS (If rural give location) Kingsley Road

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) VIRGINIA (Last) CUNNINGHAM

4. DATE OF DEATH: (Month) October (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 11 1863

9. AGE (last birthday): 90 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Patterson McCardell

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Emanuel Cunningham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

450.0

Immediate cause (a) Cardio-respiratory failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis (generalized) many years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 9, 1953, to October 12, 1953, that I last saw the deceased alive on Oct 12, 1953, and that death occurred at 10:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clarence E. McWilliams M.D. ADDRESS Lesterstown, Maryland DATE SIGNED October 12, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct. 16 1953 NAME OF CEMETERY OR CREMATORY Fairfield LOCATION (City, town, or county) Fairfield (State) Penn.

DATE REC'D BY LOCAL REGISTRAR 10/14/53 REGISTRAR'S SIGNATURE a w Hedrick

24. FUNERAL DIRECTOR John D Connelly ADDRESS Essex 21 md.

Item 3: film G160 12-10-53 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Codd Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 300 W. Chesa. Ave,

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) W. Elvin (Last) CUSIC
4. DATE OF DEATH: (Month) Oct. (Day) 30, (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: April 3, 1869
9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-accountant
10b. KIND OF BUSINESS OR INDUSTRY: Ill. Cent. R.R.
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frank Cusic
14. MOTHER'S MAIDEN NAME: Jennie (?) Cusic
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) CEREBRO-VASCULAR ACCIDENT — Interval between onset and death: 2 HOURS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) CEREBRO-VASCULAR ACCIDENT — 3½ YEARS
(c) GENERALIZED ARTERIOSCLEROSIS, HYPERTENSION — YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ABDOMINAL AORTIC ANEURYSM

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN):
(COUNTY):
(STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL, 1951, to OCTOBER, 1953, that I last saw the deceased alive on OCT. 30, 1953, and that death occurred at 5:35 P. m., from the causes and on the date stated above.

SIGNATURE: Donald L. Somerville, M.D. (Degree or title) — ADDRESS: 25 W. Pa. Ave, Towson 4, Md. — DATE SIGNED: Oct 30, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: Nov. 1, 1953
NAME OF CEMETERY OR CREMATORY: Carlson Funeral Home
LOCATION (City, town, or county) (State): Rhinelander, Wisconsin

DATE REC'D BY LOCAL REG.: Nov. 1, 1953
REGISTRAR'S SIGNATURE: Mabel C. Gray
24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons, Towson, Maryland

RECEIVED
NOV
BUREAU V. S.

Film #G-159 Item No. 14 10/26/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09785

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3737 Patterson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn
STREET ADDRESS (If rural, give location) 3737 Patterson Ave.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) M. (Last) DARLINGTON

4. DATE OF DEATH: (Month) Oct. (Day) 8 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 28, 1873

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman (rtd.)

10b. KIND OF BUSINESS OR INDUSTRY: Interwoven Mills

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Darlington

14. MOTHER'S MAIDEN NAME: Hannah M. unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. C. W. Kastle-3737 Patterson Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1443 Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 7 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to Oct 8, 1953, that I last saw the deceased alive on Oct 6, 1953, and that death occurred at 2.15 P. m., from the causes and on the date stated above.

SIGNATURE: Albert Scagnetti (Degree or title) ADDRESS: 1729 W. Lombard St Balto. Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 10/10/53 — NAME OF CEMETERY OR CREMATORY: Green Hill Cem. — LOCATION (City, town, or county) (State): Martinsburg, W. Va.

DATE REC'D BY LOCAL REG. 10/9/53 — REGISTRAR'S SIGNATURE: A. W. Hedrich Asst. Regr.

24. FUNERAL DIRECTOR: Wm. J. Vickers & Sons — ADDRESS: Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (Arbutus) 51
STREET ADDRESS (If rural give location) 4714 Belwood Drive

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Henry (Last) Davis

4. DATE OF DEATH: (Month) October (Day) 5 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 5/12/1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Telegraph Operator

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Davis

14. MOTHER'S MAIDEN NAME: Elizabeth Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-05-9793

17. INFORMANT & ADDRESS: Miss Mary L. Davis 4714 Belwood Dr. Arbutus Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Uremia — 1 wk.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio Vasc. dis — ?
DUE TO (c)

422.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-22-53

19b. MAJOR FINDINGS OF OPERATION Abscess left thigh

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1953, to Oct 5, 1953, that I last saw the deceased alive on Oct 4, 1953, and that death occurred at 1:05 A.M. from the causes and on the date stated above.

SIGNATURE L. Earl Pass, M.D. (Degree or title) ADDRESS 4001 Wilkens Ave DATE SIGNED 10-5-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 10/8/53 — NAME OF CEMETERY OR CREMATORY Greenwood Cem — LOCATION (City, town, or county) (State) Irvana, Pa.

DATE REC'D BY LOCAL REGISTRAR 10/5/53 — REGISTRAR'S SIGNATURE T E Harry

24. FUNERAL DIRECTOR Easton Sons — ADDRESS Catonsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]

RECEIVED
OCT 7 1953
BUREAU V. S.

09787

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: BALTIMORE — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): DUNDALK
LENGTH OF STAY (In this place): 17 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2847 DUNMAR CT.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): DUNDALK (22)
STREET ADDRESS (If rural, give location): 2847 DUNMAR COURT

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) ROEBLING (Last) DEPPISH
4. DATE OF DEATH: (Month) 10 (Day) 18 (Year) 1953
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 9-25-1911
9. AGE last birthday: 42 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ASST. SUPT. OPEN HEARTH
10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: CHARLES DEPPISH
14. MOTHER'S MAIDEN NAME: ANNIE HORNER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 213-09-0983
17. INFORMANT AND ADDRESS: MYRELL J. DEPPISH — WIDOW — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 5 MIN

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 420.1
(b) Hypertension Cardio-vascular
(c) Disease — Chron

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) DUNDALK, 22 — (COUNTY) BALTO. — (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): [illegible] M.D. — ADDRESS: [illegible] — DATE SIGNED: 10/20/53

23. BURIAL, CREMATION OR REMOVAL (Specify): BURIAL — DATE THEREOF: 10-22-53 — NAME OF CEMETERY OR CREMATORY: ANGEL HILL — LOCATION (City, town, or county) (State): HAVRE de GRACE

DATE REC'D BY LOCAL REG.: Oct 21-1953 — REGISTRAR'S SIGNATURE: William M. Kelly — 24. FUNERAL DIRECTOR — ADDRESS: [illegible], Kinkell, Md

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville 52
LENGTH OF STAY (in this place) 1 yr 3 mos 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp. 14

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balt. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park 10X-2
STREET ADDRESS (If rural give location) 6606 Wells Parkway

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Dippach Sr.

4. DATE OF DEATH: (Month) Oct. (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 6, 1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Steam Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY State Hosp.

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Dippach

14. MOTHER'S MAIDEN NAME: Rachael Bressler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 5 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Carcinoma of prostate with metastasis to pelvis — 1 yr

DUE TO (c) Arteriosclerotic heart disease — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1953, to Oct. 11, 1953, that I last saw the deceased alive on Oct 11, 1953, and that death occurred at 6 12 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John F. Kisley MD Spring Grove State Hospital Catonsville 28 Md. Oct. 11, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10-14-53 NAME OF CEMETERY OR CREMATORY George Washington Cemetery LOCATION (City, town, or county) Riggs Rd. Hyatts. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10/13/53 10/15/53

REGISTRAR'S SIGNATURE Amanda Downey V.E. Harry

24. FUNERAL DIRECTOR F. Dorsch & Sons ADDRESS Hyattsville, Md.

VS. A10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS 5

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Essex
LENGTH OF STAY (In this place) 54
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Middle River Essex
STREET ADDRESS (If rural give location) Box 303 Route 13 Balto. 21

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) G. (Last) Dommoyer

4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 13 - 1878

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tree Worker

10b. KIND OF BUSINESS OR INDUSTRY: Printing Bracers

11. BIRTHPLACE (State or foreign country): Lincoln Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Abraham Dommoyer

14. MOTHER'S MAIDEN NAME: Catharine Grant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: ~~Mary~~ Lizzy C Dommoyer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure	6 Mo.
42201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic cardio vascular disease	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic arthritis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to Oct 31, 1953, that I last saw the deceased alive on Oct 30, 1953, and that death occurred at 4:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis Semenoff MD 1437 Fuselage Ave, Balto 20 Md 10/31/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 3 - 53
NAME OF CEMETERY OR CREMATORY: Zion Lutheran Cem.
LOCATION (City, town, or county) (State): Hatboro, Pa

DATE REC'D BY LOCAL REG. 11/1/53
REGISTRAR'S SIGNATURE: Edith Hurley

24. FUNERAL DIRECTOR: John G. Connelly ADDRESS: Essex Md

RECEIVED
NOV 4 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...../.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Rural - Cockeysville
LENGTH OF STAY (in this place) 1 yr. 5 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home Cockeysville

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Cockeysville
STREET ADDRESS (If rural, give location) Masonic Home Cockeysville

3. NAME OF DECEASED: (Type or Print) (First) CAROLINE (Middle) GROVE (Last) PORSEY

4. DATE OF DEATH: (Month) Oct (Day) 11 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: April 15, 1883

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TYPIST

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles H. Porsey

14. MOTHER'S MAIDEN NAME: Henna J. Cathers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-07-8362

17. INFORMANT & ADDRESS: Masonic Home - Cockeysville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0
Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arterio-Sclerotic Heart Disease — Interval Between Onset and Death: Several years
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1953, to Oct 10, 1953, that I last saw the deceased alive on Oct 10, 1953, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

SIGNATURE Walter T. Rees (DEGREE OR TITLE) M.D. ADDRESS Cockeysville Md DATE SIGNED Oct 11, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE THEREOF Oct 12, 1953 | NAME OF CEMETERY OR CREMATORY Greenmount Cemetery | LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. Oct 14, 53 | REGISTRAR'S SIGNATURE Laura M. Schneider By J. 2. N

24. FUNERAL DIRECTOR Wm. Cook, Inc. St Paul-Preston Sts Baltimore, Md ADDRESS

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Essex — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural give location) 23 Pelczar Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Christine (Last) Dressel

4. DATE OF DEATH: (Month) Oct (Day) 10 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH: April 9-1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Casper Dressel

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Hart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) no.

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Viola Gibson 23 Pelczar Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

15 X

Immediate cause (a) Coronary Thrombosis — 7 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Malignancy of Colon — 8 months
DUE TO (c) Arteria-Sclerosis — 20 years

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Umbilical Hernia — 20 years

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1953, to Oct 10, 1953, that I last saw the deceased alive on Oct 14, 1953, and that death occurred at 10.45 P m, from the causes and on the date stated above.

SIGNATURE (Degree or title) Morris G. Jacob M.D. — ADDRESS 1010 North Point Rd — DATE SIGNED 10/11/53

23. BURIAL, CREMATION, REMOVAL · (Specify) Burial — DATE THEREOF Oct 14-1953 — NAME OF CEMETERY OR CREMATORY Holy Redeemer — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 10/13/53 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Christine L. Brzezinski — ADDRESS 1407 Fortieth Balto 24 Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4/

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Mavista Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural give location) 1 Mavista Ave.

3. NAME OF DECEASED: (Type or Print) (First) EISIE (Middle) PAULINE (Last) DRUMMOND

4. DATE OF DEATH: (Month) Oct. (Day) 6 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 17, 1892

9. AGE Last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Young

14. MOTHER'S MAIDEN NAME: Margaret Harrington

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-03-0526

17. INFORMANT & ADDRESS: Mrs. Virginia Ross-25 Locust Dr., Catonsville

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
170X
Immediate cause (a) DUE TO Cancer of Breast -
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Generalized Carcinomatosis
(c)

Interval Between Onset And Death
8 yrs
8 mos

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1945

19b. MAJOR FINDINGS OF OPERATION: Ca of Breast.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 2, 1953, to Oct 6, 1953, that I last saw the deceased alive on Oct 2, 1953, and that death occurred at 6:10 A, from the causes and on the date stated above.
SIGNATURE Wm Bauer M.D. (Degree or title) ADDRESS Dundalk-Md DATE SIGNED Oct 7-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/9/53
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 10/8/53
REGISTRAR'S SIGNATURE Dan. Hadnut Dpty
24. FUNERAL DIRECTOR Wm. J. Vickers & Sons
ADDRESS Balto. 17, Md.

VS. A

3

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct ... especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
LENGTH OF STAY (In this place): 56 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Featherbed Lane

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills,
STREET ADDRESS (If rural, give location): Featherbed Lane

3. NAME OF DECEASED (Type or Print): (First) Otho (Middle) Smith (Last) Dutton, Sr.

4. DATE OF DEATH: (Month) Oct. (Day) 15 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 11, 1897

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days / If under 24 hours: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Reisterstown

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Alfred Dutton

14. MOTHER'S MAIDEN NAME: Fannie Little

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 212-18-3802

17. INFORMANT AND ADDRESS: Sarah Dutton (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Artery Disease — Interval Between Onset and Death: 6 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Adenoma of thyroid — 10 yrs.
Rt. Inguinal hernia — 5 yrs.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH: none

PLACE (Home, farm, factory, street, office bldg., etc.): none

(CITY OR TOWN) (COUNTY) (STATE): none

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at work ☐ Not while at work ☐: none

HOW DID INJURY OCCUR? not an injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples — (Degree or title): Deputy Med. Exam. M.D — ADDRESS: 6 Hanover Rd., Reisterstown, Md. — DATE SIGNED: 10-16-'53

BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 16, 1953 — NAME OF CEMETERY OR CREMATORY: St. Lukes — LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE RECEIVED BY LOCAL REG.: 10-17-53 — REGISTRAR'S SIGNATURE: [illegible] — FUNERAL DIRECTOR: [illegible] Funeral Home — ADDRESS: 1603 Druid Hill Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

1. PLACE OF DEATH — COUNTY: Baltimore County — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville, Md. — LENGTH OF STAY (In this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Caton Ridge Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville, Md.
STREET ADDRESS (If rural, give location): Harlem Lane, Catonsville, Baltimore County, Md.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) L. (Last) Elliott

4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 12-30-1873

9. AGE last birthday: 79 yrs. If under 1 year: Months 9 Days 3 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Funeral director

10b. KIND OF BUSINESS OR INDUSTRY: Fun. Dir.

11. BIRTHPLACE (State or foreign country): Wicomico County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Allison Elliott

14. MOTHER'S MAIDEN NAME: Josephine Venavels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Esig, Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Arterio Sclerosis Generalized

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mal nutrition Moderately Severe

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 sept, 1953, to 30 oct, 1953, that I last saw the deceased alive on 2 oct, 1953, and that death occurred at 6:25 A m., from the causes and on the date stated above.

SIGNATURE: H. R. Gatch (Degree or title) M. D. ADDRESS: 1707 Edmondson Av. Catonsville 28 Md DATE SIGNED: 30 Oct 53

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: 10-5-1953 — NAME OF CEMETERY OR CREMATORY: Maydell Cemetery — LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG.: OCT 4 - 1953 — REGISTRAR'S SIGNATURE: Hunter Williams, M.D. — Liber 6

24. FUNERAL DIRECTOR: David R. Martin — ADDRESS: David R. Martin, 1902 Eutaw Place

RECEIVED
OCT 7 19[illegible]3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 795

CERTIFICATE OF DEATH

Reg. Dist. No. 4-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 9 hours

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Hard.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Joppa

STREET ADDRESS (If rural give location): Box 225, Clayton Road

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
JOHN ROBERT ELLIOTT	October 29 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	9-14-92	61 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Watchman	Unknown	Baltimore, Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Elliott	Lydia Magness

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes WW I	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

527.1

Immediate cause (a) PULMONARY EMPHYSEMA — UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 29 1953, 1:30 P.M. to Oct. 29 19 53, 10:30 P.M. and that death occurred at 10:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 10-30-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-2-53	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11/2/53 — REGISTRAR'S SIGNATURE: H.W. Hedrick, Deputy

24. FUNERAL DIRECTOR — ADDRESS
Howard Blight Funeral Home
6009 Harford Road, Baltimore 14, Maryland
Mildred T. Blight

VS. A16

Item 8: film G158 10-12-53 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Stanley Drive X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 7 Stanley Dr.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) T. (Last) Erdman

4. DATE OF DEATH: (Month) Oct. (Day) 13, (Year) 19 53

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 20, 1883

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Edgar

14. MOTHER'S MAIDEN NAME: Mary Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Charles Erdman, 7 Stanley Dr, Catonsvi

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic Cardio-vascular Disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to 10/13, 1953, that I last saw the deceased alive on 10/12/53, 1953 and that death occurred at 12:05 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
W. Ellis Langlin, M.D. 4508 Edmondson Village, Balto., Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Oct. 15/53 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 10-15-53 — REGISTRAR'S SIGNATURE W W Hedrick

24. FUNERAL DIRECTOR Wilkes Funeral Home — ADDRESS 4101 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
LENGTH OF STAY (in this place): 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7405 Belair Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
STREET ADDRESS (If rural, give location): 7405 Belair Rd.

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) S. (Last) Ermold

4. DATE OF DEATH: (Month) Oct. (Day) 20th (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6/8/66

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Balto. City, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Ermold

14. MOTHER'S MAIDEN NAME: Sophia ——

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. F. M. Lassahn 7405 Belair Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 2 days

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive - Arteriosclerotic Heart Disease — Interval between onset and death: 20 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 3, 1946, to Oct. 25, 1953, that I last saw the deceased alive on Oct. 25, 1953, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Adam G. Lewis, M.D. — ADDRESS: 6232 Belair Road, Balto. Md. — DATE SIGNED: Oct. 26, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/27/53 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county): Balto. City — (State): Md.

DATE RECD BY LOCAL REG.: Oct. 27-1953 — REGISTRAR'S SIGNATURE: Mrs Ida T. Reifsnider

24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS: 7401 Belair Rd.

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X — LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS G. B. Finnegan Pav.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Balto Co.
STREET ADDRESS (If rural, give location) 633 Annella Ave

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Teresa (Last) Feeney

4. DATE OF DEATH: (Month) (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1878

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundress

10b. KIND OF BUSINESS OR INDUSTRY: Bon Ton Laundry

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Feeney

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardio Vascular

443X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia with Pneumonia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible]

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/5/53 to 10/6/53, that I last saw the deceased alive on 10/5/53, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): [illegible] — DATE THEREOF: [illegible] — NAME OF CEMETERY OR CREMATORY: [illegible] — LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG. 10-9-53 — REGISTRAR'S SIGNATURE: A.W.Hedrich dmr.

24. FUNERAL DIRECTOR — ADDRESS: [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16

1 PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 3301 Hayward Avenue

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) D. (Last) FENZEL
4. DATE OF DEATH: (Month) October (Day) 27 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8-6-87
9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: Shipyard
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Frank A. Fenzel
14. MOTHER'S MAIDEN NAME: Mary W. Lechner
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) HYPERTENSIVE CARDIOVASCULAR DISEASE WITH — UNKNOWN
DUE TO MYOCARDIAL INSUFFICIENCY

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 21, 19 53, to Oct. 27, 19 53, and that death occurred at 3:18 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): IRWIN G. KARRON, M.D. — ADDRESS: VAH, Fort Howard, Md. — DATE SIGNED: 10-27-53

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial — DATE THEREOF: Oct 31, 1953 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 10-30-53 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: The Howard Blight Funeral Home, 6809 Harford Road, Baltimore, Md.
Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (10)

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TURNERS STA. 4
LENGTH OF STAY (in this place) 53
HOSPITAL OR INSTITUTION OR STREET ADDRESS 30 PATAPSCO AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TURNERS STATION
STREET ADDRESS (If rural give location) 30 PATAPSCO AVE

3. NAME OF DECEASED: (Type or Print) (First) AYRES (Middle) (Last) FETROW

4. DATE OF DEATH: (Month) OCT (Day) 12 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: MAR. 13, 1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY: NAVY YARD

11. BIRTHPLACE (State or foreign country): OHIO

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WM. D FETROW

14. MOTHER'S MAIDEN NAME: ELIZABETH SINNOCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 198-12-1564

17. INFORMANT & ADDRESS: EARL FETROW 270 W. 11TH - NY-14 NY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) Chron. Myocarditis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) A-S-C Vascular Stenosis DUE TO

(c)

Interval Between Onset And Death: 4-5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jany 1953, to Oct. 12, 1953, that I last saw the deceased alive on Oct. 12, 1953, and that death occurred at 9:00 am, from the causes and on the date stated above.

SIGNATURE M. Bowers MD (Degree or title) ADDRESS Dundalk Md DATE SIGNED 10/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

DATE THEREOF Oct 14, 1953

NAME OF CEMETERY OR CREMATORY WESTMINSTER

LOCATION (City, town, or county) PHILADELPHIA (State) PA.

DATE REC'D BY LOCAL REGISTRAR Oct 13-1953

REGISTRAR'S SIGNATURE William M. Kelly

24. FUNERAL DIRECTOR ULLRICH FUNERAL HOME ADDRESS 2112 DUNDALK

VS. A10

1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS-415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09801

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Notch Cliff near Towson
LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Villa Maria Glenarm Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Notch Cliff near Towson
STREET ADDRESS (If rural, give location): Glenarm Rd

3. NAME OF DECEASED (Type or Print): (First) Sister Mary (Middle) Samuel (Last) Fischer

4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan 4 1883

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: RELIGIOUS

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John S. Fischer

14. MOTHER'S MAIDEN NAME: Elisabeth Wunze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Sr. Mary Clara Notch Cliff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Thrombosis — 8 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to Oct. 31, 1953, that I last saw the deceased alive on Oct 27, 1953, and that death occurred at 10.00 A.m., from the causes and on the date stated above.

SIGNATURE: Sister M. Donald Ward (Degree or title) — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 11- -53 — NAME OF CEMETERY OR CREMATORY: VILLA MARIA CEM. — LOCATION (City, town, or county) (State): NOTCH CLIFF NR TOWSON

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Louis J. Feiler — ADDRESS: 901 S. CONKLING ST. BALTO., 24, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY: Baltimore County; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex; LENGTH OF STAY (in this place): 30 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex, Baltimore Co. Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 826 Eastern Avenue	STREET ADDRESS (If rural, give location): 826 Eastern Avenue

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	George	A	Forster		10	1	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		10-11-1889	63 yrs.	11	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Steward	Pleasure Yacht	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Forster	Mary Siegrist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No None	215-18-6098	Mrs. Anna May Eller-826 Eastern Avenue Essex

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	8 to 10 days
420.0 Antecedent cause(s)	(b) Arteriosclerotic disease	15 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) asthma	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1930, to 10/1, 1953, that I last saw the deceased alive on 10/1, 1953, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Morris A. Jacobs MD	1010 North Rond Road, Balto:Md.	10/2/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-5-1953	Holy Redeemer Cemetery	Belair Rd. Balto:md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
October 3. 1953	R.W.	George J. Ruth, Inc. - 1735 Harford Avenue Balto:Md. George J. Ruth Inc.

Item 18 Film G159 11-9-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 7 mos. 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 615 Dunkirk Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	Wesley	Francis	October	28,	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	1-19-1877	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter-Ret.	Self Emp.	Maryland	USA

13. FATHER'S NAME: George Francis
14. MOTHER'S MAIDEN NAME: Fannie E, Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Unknown	Unknown	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Heart failure due to large old infarct due to

(c) coronary sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find it said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Dr. J. McKiffin MD.	Chapman Balto Co 1010 Landsdowne	Oct 29 53

FINAL DISPOSITION (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 31, 1953	Clynmalaire Cemetery	Jacksonville, Balto. Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11/2/53	V E Harry	John Burns' Sons, Towson, Maryland

RECEIVED
NOV 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09503

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff nr. Towson X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria Glenarm Rd. X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff X
STREET ADDRESS (If rural, give location) Glenarm Road.

3. NAME OF DECEASED (Type or Print) (First) Sr. Mary (Middle) Anisia (Last) Fuchs

4. DATE OF DEATH (Month) Oct. (Day) 12 (Year) 1953

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single | 8. DATE OF BIRTH Feb. 24, 1870 | 9. AGE last birthday 83 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work | 10b. KIND OF BUSINESS OR INDUSTRY RELIGIOUS | 11. BIRTHPLACE (State or foreign country) Germany | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Balthasar Fuchs | 14. MOTHER'S MAIDEN NAME Barbara Kirchner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT AND ADDRESS Sr. M. Ernest Notch Cliff, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4343

Immediate cause (a) Cardiac Decompensation — Interval between onset and death: 3 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1952, to Oct. 12, 1953, that I last saw the deceased alive on Oct. 6, 1953, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] 7501 York Rd. 10/12/53.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF 10-14-53 | NAME OF CEMETERY OR CREMATORY VILLA MARIA CEM. | LOCATION (City, town, or county) (State) NOTCH CLIFF NR TOWSON

DATE REC'D BY LOCAL REG. 10/13/53 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR Charles L. Zeiler ADDRESS 901 S. Conkling St. Balto., 24, Md.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO. 7 | LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3620 LANGREHR RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROCKDALE - BALTO. 7
STREET ADDRESS (If rural, give location) 3620 LANGREHR RD.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EDWARD		FULLER.	Oct	17	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	DIVORCED	Jan 11, 1893.	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Service Sta. Operator	Gas & Oil	Baltimore	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Arthur A. Fuller	Fannie T. Grenell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no.		Arthur A. Fuller, Rockdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
322.0 Immediate cause (a) Acute Alcoholism	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Contusions of head (falling)	2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None.	None	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None	None.			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
None. m.		None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Caplis	Deputy Med. Exam. M.D.	Reisterstown, Md.	10-18-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
B	Oct-18-53	M.S. Olive	Balto. Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-18-53	Mary B. Eline.	Frank H. Nowell	Pikesville Md

Frank H. Nowell

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Parkton. LENGTH OF STAY (in this place) 78yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spook Hill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Parkton
STREET ADDRESS (If rural give location) Spook Hill Rd.

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) E. (Last) Fuller.

4. DATE OF DEATH: (Month) October (Day) 29, (Year) 1953.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH: Sept. 6, 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm.

11. BIRTHPLACE (State or foreign country): Parkton, Md. R.D.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W. T. Fuller

14. MOTHER'S MAIDEN NAME: Fannie Bosley.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Russell Fuller.-Parkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval Between Onset And Death: 1 da

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic, hypertensive cardio vascular disease — 5 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 28, 1948, to Oct. 29, 1953, that I last saw the deceased alive on Oct. 25, 1953, and that death occurred at 9:30 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul D. Shaub, M.D. ADDRESS Shrewsbury Pa. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov. 1, 1953 NAME OF CEMETERY OR CREMATORY Pine Grove EUB LOCATION (City, town, or county) Parkton, Balto. Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10/30/53 REGISTRAR'S SIGNATURE Leicester L Fenton

24. FUNERAL DIRECTOR Jacob Bortenstein ADDRESS New Freedom, Pa.

RECEIVED
NOV 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0980

CERTIFICATE OF DEATH

Reg. Dist. No. 415

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 54
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS middle River Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN #522 Route 16 Balto 20
STREET ADDRESS (If rural, give location) middle River Rd

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) W (Last) Gebauer

4. DATE OF DEATH: (Month) Oct (Day) 13 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct 13-1874

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Balto City Employe

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U S a

13. FATHER'S NAME: John Gebauer

14. MOTHER'S MAIDEN NAME: Henrietta Rittwick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Miss Elsie C Gebauer middle River Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Oct 12

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio Vascular disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: //

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 12, 1953, to Oct 13, 1953, that I last saw the deceased alive on Oct 13, 1953, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W Baumgardner MD Balto 6 Md 10/15/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10/17/53

NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 10-15-53

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Lasselin Funeral Home 7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 52 — LENGTH OF STAY (in this place) 3 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton X
STREET ADDRESS (If rural give location) Ranelagh Road

3. NAME OF DECEASED: (Type or Print) (First) John. (Middle) Geehring (Last)

4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 19 53

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: # 1888 — 9. AGE Last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): laborer — 10b. KIND OF BUSINESS OR INDUSTRY: Steel Industry — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown. — 14. MOTHER'S MAIDEN NAME: Unknown.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown. (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: Unknown. — 17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

490X Immediate cause (a) Left Lower Lobar Pneumonia — 2 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Possible Bronchogenic Carcinoma — indefinite

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 3 Yrs.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/16 ..., 1950, to 10/3 ..., 1953, that I last saw the deceased alive on 10/3 ..., 1953, and that death occurred at 9 10 pm ..., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick E. Phillips MD — ADDRESS Spring Grove Hosp — DATE SIGNED 10/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF Oct 7-1953 — NAME OF CEMETERY OR CREMATORY Scottdale Cem — LOCATION (City, town, or county) (State) Scottdale-Westmoreland Pa.

DATE REC'D BY LOCAL REGISTRAR 10/4/53 — REGISTRAR'S SIGNATURE T E Harris — 24. FUNERAL DIRECTOR John F. Geisel — ADDRESS 5311 Edmondson Ave

VS. [illegible]

RECEIVED
OCT 5 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ( ) ( )

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Towson MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 512 F. Castle Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural give location) 512 F. Castle Drive

3. NAME OF DECEASED: (Type or Print) (First) Mr. William Clifford (Middle) (Cliff) (Last) Gettier

4. DATE OF DEATH: (Month) October (Day) 3 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 2, 1873

9. AGE Last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Ret. Poultry

10b. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): Manchester, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Gettier

14. MOTHER'S MAIDEN NAME: Catherine Gettier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Dorothea Johanna Gettier, 512 F. Castle Drive

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Renal Failure	1 month
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	10 yrs.
	DUE TO (c) Senility	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	none	

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 2, 1953, to October 3, 1953, that I last saw the deceased alive on October 2, 1953 and that death occurred at 9:10 A.M., from the causes and on the date stated above.

SIGNATURE H.S. Chaffman (Degree or title) ADDRESS 6210 York Rd Baltimore 12 Md DATE SIGNED Oct 3 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct 6, 1953 | NAME OF CEMETERY OR CREMATORY Parkwood Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 10/5/53 | REGISTRAR'S SIGNATURE A.W. Hedrich dmr. | 24. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS 5305 Harford Road.

Dr. Chalfonte
6210 York Road

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTO. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) BALTO. X | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WOODBROOK LANE X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X BALTO. (RURAL) "TYRCONNELL"
STREET ADDRESS (If rural give location) WOODBROOK LANE

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) SEARS (Last) GIBBS JR.

4. DATE OF DEATH: (Month) OCT. (Day) 29 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: JUNE 28, 1876

9. AGE last birthday: 77 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): EXECUTIVE

10b. KIND OF BUSINESS OR INDUSTRY: CANNING

11. BIRTHPLACE (State or foreign country): MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: MAJ. JOHN S. GIBBS

14. MOTHER'S MAIDEN NAME: HELEN McQUEEN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 | (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: Immediate

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arterio-Sclerotic Heart Disease — 10+ yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 4, 1940, to Oct. 29, 1953, that I last saw the deceased alive on Oct. 28, 1953, and that death occurred at 7:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. M. D. ADDRESS 6 E. Eager St. Balto. 2. Md. DATE SIGNED 10.30.53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 10-31-1953 | NAME OF CEMETERY OR CREMATORY SPRING HILL | LOCATION (City, town, or county) EASTON (State) MD

DATE REC'D BY LOCAL REGISTRAR 11-30-53 | REGISTRAR'S SIGNATURE C W Hancock

24. FUNERAL DIRECTOR H.W. JENKINS & SONS CO. ADDRESS 4905 YORK RD. BALTO. 12, MD

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 1 hr., 55 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2803 Cheswolde Road

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) S. (Last) GOUGH

4. DATE OF DEATH: (Month) October (Day) 23 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/18/97

9. AGE last birthday: 55 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Manager

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry

14. MOTHER'S MAIDEN NAME: Margaret Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,VAH, Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) MYOCARDIAL INFARCTION DUE TO ARTERIOSCLEROTIC

DUE TO CORONARY THROMBOSIS.

Interval Between Onset And Death: Unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 23, 1953, to Oct. 23, 1953, that I last saw the deceased alive on [illegible] and that death occurred at 2:05 P.M., from the causes and on the date stated above.

SIGNATURE: C. E. GONZALEZ, M.D. — (Degree or title) — ADDRESS: V.A.H. Fort Howard, Md. — DATE SIGNED: 10/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct 26/53 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 10-26-53 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Loring Byers Funeral Home, 5005 Park Heights Ave., Balto., Md. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09812

CERTIFICATE OF DEATH

Reg. Dist. No. ... .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5313 Edmondson Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2760 Fenwick Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Elizabeth M. (Last) Hannemann

4. DATE OF DEATH: (Month) October (Day) 6th (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Nov. 15, 1866

9. AGE last birthday: 86 yrs. | IF UNDER 1 YEAR: Months ... Days ... | IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gerhardt H. G. Vonderheide

14. MOTHER'S MAIDEN NAME: Marie Beusman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ... (If Yes, give war or dates of) ...

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. George H. Vonderheide, 2760 Fenwick

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: 1 Day

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ... | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-6 ..., 1953, to 10-6 ..., 1953 that I last saw the deceased alive on 10-5, 1953 and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James H. Howell ADDRESS Catonsville DATE SIGNED 10-7

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct. 8, 1953 | NAME OF CEMETERY OR CREMATORY Baltimore Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 10-1-53 | REGISTRAR'S SIGNATURE A.W.Hedrich | 24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.

dmr.

VS-4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5510

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

1 PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Hannah (Middle) E. B. (Last) Harrison

4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-29-1869

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Jersey 27

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Thomas Arnwine

14. MOTHER'S MAIDEN NAME: Not Known.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Not Known.

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X Immediate cause (a) Cerebral Vascular Accident (Hemorrhage) DUE TO — Interval Between Onset And Death 4 wks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis DUE TO — Unascertained

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 23, 1953 to Oct 3, 1953, that I last saw the deceased alive on Oct 3, 1953, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick E. Phillips, M.D. ADDRESS Spring Grove Hospital DATE SIGNED 10/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Oct. 6, 1953

NAME OF CEMETERY OR CREMATORY Fawn Grove

LOCATION (City, town, or county) (State) Fawn Grove, York Co. Pa.

DATE REC'D BY LOCAL REGISTRAR 10/3/53

REGISTRAR'S SIGNATURE T. E. Harris

24. FUNERAL DIRECTOR Kenneth W. Graham ADDRESS Stewartstown, Pa.

RECEIVED
OCT 5
BUREAU V. S.

Film #G-159 Item No. 14 10/26/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mayfield Ave; MARYLAND LENGTH OF STAY (in this place) 1 yr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Hartman

4. DATE OF DEATH: (Month) Oct. (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 14 1881

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Rockdale

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Henry Hartman

14. MOTHER'S MAIDEN NAME: Carolina Goldsmith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Louis Hartman Rockdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420. Immediate cause	(a) CORONARY OCCLUSION	2 YEARS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE C.V. DISEASE &	
	(c) GENERALIZED ARTERIOSCLEROSIS	10 YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 1, 1950 to Oct. 10, 1953, that I last saw the deceased alive on Oct 9 - 1953 and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas E Wheeler MD | ADDRESS Randallstown Md | DATE SIGNED 10-11-53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Oct. 13 1953 | NAME OF CEMETERY OR CREMATORY Pikesville | LOCATION (City, town, or county) Randallstown | (State) Md

DATE REC'D BY LOCAL REG. 10/12/53 | REGISTRAR'S SIGNATURE A.W. Hedrick Dep R | FUNERAL DIRECTOR Charles Amoroso | ADDRESS 4510 Edmondson Heights Balto

VS/A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09815

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3014 Linwood Avenue X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Parkville
STREET ADDRESS (If rural give location) 3014 Linwood Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mr. (Middle) Henry P. (Last) Heill, Sr.

4. DATE OF DEATH: (Month) October (Day) 2 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Dec. 4, 1906

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Asst. Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Meats Prod.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? John Heill

14. MOTHER'S MAIDEN NAME: Lena May ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Margaret M. Heill, 3014 Linwood A

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary Thrombosis. — Interval Between Onset And Death: 4 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1953, to Oct 2, 1953, that I last saw the deceased alive on Oct 2, 1953, and that death occurred at 4:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold H Burns M D 115 S. Eager St Oct 5, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct. 5, 1953 | NAME OF CEMETERY OR CREMATORY Moreland Mem. Park | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 10/5/53 | REGISTRAR'S SIGNATURE A.W.Hedrich dmr.

24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.

VS. A10

Dr. Harold Burns
115 E. Eager Street
1 to 3:30 Friday

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age if especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore Co., STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere Rural Extension — LENGTH OF STAY (In this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carroll Nursing Home 7423 Bayfront Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1305 Walters Ave.
STREET ADDRESS (If rural, give location) 1305 Walters Ave

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Ann (Last) Herrman
4. DATE OF DEATH: (Month) Oct. (Day) 24 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	married	Oct. 4. 1888	65 yrs.	0	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home wife
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Diehl
14. MOTHER'S MAIDEN NAME: Teckla Jonarka

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Frank W. Herrman 2500 Gambles Ct.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension arterio sclerosis Vascular Disease.	7 yrs.
	(c)	

443X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 21, 1952, to Oct 24, 1953 that I last saw the deceased alive on Oct 24, 1953 and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eugene F. Neary M.D. ADDRESS 7401 Mornington Rd Dundalk Md DATE SIGNED 10-25-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct. 27. 1953	Holy Redeemer Cemetery	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-26-53	A W Hennig	Elmer D. Conklin	5444 Belair Rd.

VS-16

Film#G195 Item# 7 11/16/53 ern

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) 4 Yrs 7 MOS
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LINTHICUM Hts.
STREET ADDRESS (If rural give location) 105 E. HAMMONDS FERRY

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) HEWITT

4. DATE OF DEATH: (Month) 10 (Day) 22 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: MAY 14 1866

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): unk.

10b. KIND OF BUSINESS OR INDUSTRY: unk.

11. BIRTHPLACE (State or foreign country): Ohio 32

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ANDREW JACKSON SHASTEEN

14. MOTHER'S MAIDEN NAME: ABIGAIL EDWARDS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: unk.

17. INFORMANT & ADDRESS: RECORDS SPRING GROVE STATE HOSP.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) CARDIO-RESPIRATORY FAILURE — Interval Between Onset And Death: 5 Min.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) ARTEROSCLEROTIC HEART DISEASE — 3 Mos+

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NONE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR 27, 1953, to OCT 22, 1953, that I last saw the deceased alive on Oct 22, 1953, and that death occurred at 8 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ruth Strickinson M.D. Spring Grove Hosp. Catonsville, Md 10/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal for Burial
DATE THEREOF 10/25/53
NAME OF CEMETERY OR CREMATORY Washington Mem
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 10/23/53
REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR Easton Sons
ADDRESS Catonsville, Md.

VS-A10

RECEIVED
OCT 26 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) + Very - 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) Harlem Lodge, Catonsville, Md.

3. NAME OF DECEASED: (Type or Print) (First) Isaac (Middle) (Last) HINES

4. DATE OF DEATH: (Month) October (Day) 9 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: March 19, 1863

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jessie C. Hines

14. MOTHER'S MAIDEN NAME: Gundry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

447X

Immediate cause (a) Uremia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiac failure

DUE TO

(c) Marked arterio-sclerosis & hypertension

Interval Between Onset And Death: 9/29/53 to 10/9/53

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2:05 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Melvin M. Uelel, M.D. DATE 10/9/53 ADDRESS Spring Grove St. Hosp. DATE SIGNED 10/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation DATE THEREOF Oct. 10/53 NAME OF CEMETERY OR CREMATORY Green Mount Crematory LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR October 10. 1953 REGISTRAR'S SIGNATURE R.W. FUNERAL DIRECTOR Harry A. Whitfield ADDRESS 4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09819

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): John H. Hochhaus Jr.

2. DATE OF DEATH: 10-12-1953

3. PLACE OF DEATH: A. County: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE: MARYLAND; B. COUNTY; C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE; D. STREET ADDRESS (If rural, give location): 343 S DREW St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 52 Ridgeway Manor Nursing Home

c. Length of stay in Baltimore: LIFE (Yrs. / Mos. / Days)

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: APRIL 14 1912

9. AGE (In years last birthday): 41. (If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Fitter Helper

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ANTHONY Hochhaus

14. MOTHER'S MAIDEN NAME: MARGRETH SCHAEFFER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): YES. 2 WORLDS WAR

16. SOCIAL SECURITY NO.: 213-10-2345

17. INFORMANT: MILDRED Hochhaus ADDRESS: 343 S DREW St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Amyotrophic lateral Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 years or more

DUE TO

356.1 ANTECEDENT CAUSES

(B) None

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) None

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH:

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. *I hereby certify that I attended the deceased from* June 6, 1952, *to* Oct 6, 1952, *that I last saw the deceased alive on* Oct 12, 1953, *and that death occurred at* 12:5 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Perry Fitterman M. D.

23B. ADDRESS: 2 E. Read Street

23C. DATE SIGNED: 10/9/53

24A. BURIAL, CREMATION REMOVAL (Specify): Burial

24B. DATE: OCT. 12. 1953

24C. NAME OF CEMETERY OR CREMATORY: LAUREL MEMORIAL

24D. LOCATION (City, town, or county) (State): [illegible]

DATE RECEIVED BY LOCAL REGISTRAR: 10-9-53

REGISTRAR'S SIGNATURE: A. W. Hedrich

25. FUNERAL DIRECTOR: WENDELL DIPPEL ADDRESS: 2125 Highland Ave

VS. A15 8-51

Film #G159 Item # 11 11/18/53 amp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 320

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Fort Howard X
LENGTH OF STAY (in this place): 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore X
STREET ADDRESS (If rural give location): 7823 Wise Avenue

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) C. (Last) HOOPES

4. DATE OF DEATH: (Month) October (Day) 28 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 6-14-77

9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Repairman

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Oil City, Maryland Penn.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Isaac Hoopes

14. MOTHER'S MAIDEN NAME: Emma Meeteer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): SAW

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

203 X

Immediate cause (a) MULTIPLE MYELOMA — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 13, 1953, to Oct. 28, 1953, and that death occurred at 1:25 P.M., from the causes and on the date stated above.

SIGNATURE F. G. Dickey (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 10-29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 2, 1953
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: October 31, 1953
REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Henry Sander & Sons, Inc., Baltimore, Md.
ADDRESS

Henry B. Sander

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville. X | MARYLAND LENGTH OF STAY (In this place) 8yrs | HOSPITAL OR INSTITUTION OR STREET ADDRESS 3033 Parktowne Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towne Parkville | STREET ADDRESS (If rural, give location) 3033 Parktowne Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
August	Herman	Horn	Oct	9	53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Aug 7 1877	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maintenance Wk.	Retired	Cumberland, Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rein Holt Horn	Bertha Menke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	218-09-7449	Mrs. Elizabeth Horn (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular disease.

(c)

Interval between onset and death: Immediate

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF DEATH (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
Oct	9	53	12:30 p.m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. McCarmine M.D.	Medical Examiner Balto. Co. Dundalk Md	10/9/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	10-12-53	Parkwood	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-10-53	G. M. Bacon	Chas F. Evans & Son	8802 Harford Rd

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09822

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville X | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lincoln Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
STREET ADDRESS (If rural give location) Lincoln Ave.

3. NAME OF DECEASED: (Type or Print) (First) CALVIN (Middle) LEWIS (Last) HORN, Sr.

4. DATE OF DEATH: (Month) Oct. (Day) 3 (Year) 19 53

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH: Mar. 20, 1891 | 9. AGE last birthday: 62 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): President | 10b. KIND OF BUSINESS OR INDUSTRY: Printing | 11. BIRTHPLACE (State or foreign country): New Jersey 27 | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George K. Horn | 14. MOTHER'S MAIDEN NAME: Florence MacGuire

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Wilmington, Del. Mr. C. L. Horn, Jr-410 S. Sycamore St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

241X
Immediate cause (a) Bronchial asthma — 10 years
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart disease — 5 years.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1953, to Oct. 3, 1953, that I last saw the deceased alive on Oct 2nd, 1953, and that death occurred at 2 00 p.m., from the causes and on the date stated above.

SIGNATURE A.S. Chalfant (Degree or title) M.D. | ADDRESS 6210 York Rd Baltimore Md. | DATE SIGNED Oct 5, 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10/6/53 | NAME OF CEMETERY OR CREMATORY Parkwood Cem. | LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 10-5-53 | REGISTRAR'S SIGNATURE A/W. Hedrich dmr. | 24. FUNERAL DIRECTOR ADDRESS Wm. J. Sidney & Son Balto. 17, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18(2)

CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1127 Laurens Street

3. NAME OF DECEASED: (Type or Print) (First) BAYLOR (Middle) (NMI) (Last) HOWARD

4. DATE OF DEATH: (Month) October (Day) 11 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-3-90

9. AGE Last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction Co.

11. BIRTHPLACE (State or foreign country): Richmond, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Howard

14. MOTHER'S MAIDEN NAME: Rose Robinson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) BRONCHOPNEUMONIA

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

Interval Between Onset And Death: 2 WEEKS

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 19 53, to Oct. 11., 19 53, and that death occurred at 10:55 P.M. from the causes and on the date stated above.

SIGNATURE J G Dickey (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 10-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10-15-53 NAME OF CEMETERY OR CREMATORY Baltimore National LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 10/13/53 REGISTRAR'S SIGNATURE C W Hendrix

24. FUNERAL DIRECTOR ADDRESS Thomas E. Kelson Funeral Home 1303 Presstman St., Baltimore, Md.

Thos. E. Kelson

VS. A[illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore County; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson, Md. X
LENGTH OF STAY (in this place) 1 mo. 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A. Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location) Box 213-A

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Franklin (Last) Hyson

4. DATE OF DEATH: (Month) 10 (Day) 27 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7/27/1880

9. AGE last birthday: 73 yrs. If under 1 year: Months 3; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert Jesse Hyson

14. MOTHER'S MAIDEN NAME: Lucy Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-03-3434

17. INFORMANT AND ADDRESS: Wife-Amelia F. Hyson, Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Far Advanced Pulmonary Tuberculosis;	Approx. 5 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Anemia, hemolytic, acquired	Approx. 12 days
	(c) Cause unknown	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15/, 1953 to 10/27, 1953, that I last saw the deceased alive on 10/27/53, 1953, and that death occurred at 9:10 P.m., from the causes and on the date stated above.

SIGNATURE: William Newcomer (Degree or title) ADDRESS: William Newcomer, Supt. Mt. Wilson, Md. DATE SIGNED: 10/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10/31/53
NAME OF CEMETERY OR CREMATORY: Glen Haven Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REG. 10/27/53
REGISTRAR'S SIGNATURE: Helen M. Kerr

24. FUNERAL DIRECTOR ADDRESS: James L. McCully, 130 E. Fort Ave. Baltimore, Md.

VS-A15

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (In this place) 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6618 Fairmount Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RUR ... ve nearest town) OR TOWN Baltimore-29
STREET ADDRESS (If rural, give location) 6618 Fairmount Ave.

3. NAME OF DECEASED (Type or Print): (First) (Bertha) Alberta (Middle) (C.) Bertha (Last) Jacobs

4. DATE OF DEATH: (Month) Oct. (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 28, 1878

9. AGE last birthday: 75 yrs. If under 1 year: Months ... Days ... If under 24 hrs.: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Worley

14. MOTHER'S MAIDEN NAME: Catherine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Katherine Frye

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 Immediate cause (a) Coronary Artery Disease — Interval Between Onset and Death: 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis — 5 yrs.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒X

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? not an injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples (Degree or title): Deputy Med. Exam. M.D. ADDRESS: 6 Hanover Road, Reisterstown, Md. DATE SIGNED: 10-9-53

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 10/12/53
NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 10-9-53
REGISTRAR'S SIGNATURE: A.W. Hedrich
24. FUNERAL DIRECTOR: Wm. Cook Inc. ADDRESS: 1217 St. Paul Street

dmr.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible] 20

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn X
LENGTH OF STAY (in this place) 27 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5409 Hutton Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn
STREET ADDRESS (If rural give location) 5409 Hutton Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) F. W. (Last) Joachims

4. DATE OF DEATH: (Month) Oct. (Day) 19, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Feb. 8, 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Foreman -Butchers Hide Assn.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles F.W.Joachims

14. MOTHER'S MAIDEN NAME: Louise Borchers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-10-5660

17. INFORMANT & ADDRESS: Mrs. Albert W. Walker 4735 Gateway Terr. Arbutus, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arterio Sclerotic Cardio vascular Dis.

DUE TO

(c)

Interval Between Onset And Death: (a) 7 days (b) uncertain

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 12, 1953, to Oct 19, 1953, that I last saw the deceased alive on Oct 15, 1953, and that death occurred at 3 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Joshua H. Armacost M.D. ADDRESS 6419 Windsor Mill Rd Balto 7 Md. DATE SIGNED 10-19-53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10-21-1953

NAME OF CEMETERY OR CREMATORY Lorraine Park

LOCATION (City, town, or county) Woodlawn (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10-20-53

REGISTRAR'S SIGNATURE A.W. Heyfield Dep.

24. FUNERAL DIRECTOR ADDRESS G. Howard Strong 3207 W. North Ave.

Film#G159 Item No. 9 10/29/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Providence X | LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Providence Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Providence X
STREET ADDRESS (If rural give location) Providence Road

3. NAME OF DECEASED: (Type or Print) (First) SUSAN (Middle) M. (Last) JOHNSON

4. DATE OF DEATH: (Month) Oct. (Day) 4 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: Jan. 14, 1878 | 9. AGE last birthday: ~~78~~ 75 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: at Home | 11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Hostetler | 14. MOTHER'S MAIDEN NAME: Lydia Yough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) None | 16. SOCIAL SECURITY No.: None | 17. INFORMANT & ADDRESS: Family Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Myocarditis (Chronic)

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertension

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Nov 4, 1953, that I last saw the deceased alive on Nov 4, 1953, and that death occurred at 9 Am, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD | ADDRESS | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE THEREOF Oct. 5, 1953 | NAME OF CEMETERY OR CREMATORY Hollomon-Brown Funeral Home | LOCATION (City, town, or county) Norfolk, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR Oct. 5, 1953 | REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR John E. Burns' Sons, Towson, Md. | ADDRESS

H.D. Franklin 1123 E. Pratt St.

VS. AD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 6 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) 51 Halethorpe
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4610 London Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 51 Halethorpe
STREET ADDRESS (If rural give location) 4610 London Ave

3. NAME OF DECEASED: (Type or Print) (First) MARIE (Middle) — (Last) KAROPCHINSKY

4. DATE OF DEATH: (Month) Oct (Day) 13 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec 16, 1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? Russia

13. FATHER'S NAME: [illegible] Voroshka

14. MOTHER'S MAIDEN NAME: Unknown to informant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Martin Karpachinsky - 5609 Keyworth Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral embolism

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension

DUE TO

(c)

Interval Between Onset And Death: (a) 4 days (b) years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Oct 10, 1953, to Oct 13, 1953, that I last saw the deceased alive on Oct 13, 1953, and that death occurred at 7:10 PM from the causes and on the date stated above.

SIGNATURE William Cook (Degree or title) M.D. ADDRESS 5334 Old Frederick Rd DATE SIGNED Oct 13 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10/17/53 NAME OF CEMETERY OR CREMATORY Russian Orthodox Cemetery LOCATION (City, town, or county) Baltimore (State) Maryland

DATE REC'D BY LOCAL REGISTRAR OCT 19 1953 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. Cook, Inc. ADDRESS 1217 St. Paul Street

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe | LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5711 Second St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Ba
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 5711 Second Ave Halethorpe

3. NAME OF DECEASED (Type or Print): (First) ALSO KNOWN AS (Middle) CASIMIR P. (Last) KEIDOSIUS SR.
4. DATE OF DEATH: (Month) Oct. (Day) 30. (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	JUNE 4 1885	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HAND PRESSER
10b. KIND OF BUSINESS OR INDUSTRY: TAILORING
11. BIRTHPLACE (State or foreign country): LITHUANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): NO.
16. SOCIAL SECURITY NO.: 219-01-0457
17. INFORMANT: MARTHA KEYDOSH. 5711 SECOND AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.1 Immediate cause	(a) Gangrene, arteriosclerotic right foot	4 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Vascular Arteriosclerosis	4 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma aorta — 6 months

19a. DATE OF OPERATION: -0-
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 6, 1951, to Oct 30, 1953, that I last saw the deceased alive on Oct 29, 1953, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John P. Ulrich, Jr MD	1227 Wash. Blvd	10/31/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	11/3/53	Holy Redeemer	Belair Rd. Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-2-53	A.W. Hedrich dmr.	Charles W. Kachaiskas	703 McHenry St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. NAME OF DECEASED (Type or Print): Milared Kelly

2. DATE OF DEATH: Oct. 16-1953

3. PLACE OF DEATH:
A. Baltimore City ~~County~~ Maryland ✓ Pikesville
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 814 Milford Mill Road
c. Length of stay in Baltimore: All her life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pikesville X Rd
D. STREET ADDRESS (If rural, give location): 814 Milford Mill Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widow	Feb. 9-1894	59 yrs	—	—

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home	—	Baltimore - Md	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin Scott	Mary Hartman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		—	Mrs Dorothy Jacot	814 Milford Mill Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of breast — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO
170X ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING T. Metastasis

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1951	Carcinoma of breast	YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
		—

21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1 1953 *to* Oct 16, 1953 *that I last saw the deceased alive on* Oct. 15, 1953 *and that death occurred at* 11 00 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Benjamin Kader M. D.	2306 Eutaw Pl	10-18-53

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	10/20/53	Loudon Park Cem.	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-19-53	A. W. Hedrich dmr.	Wm. J. Pickner & Sons	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Supply exact item of information specially. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff nr. Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria - Glenarm Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Balte.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff nr. Towson
STREET ADDRESS (If rural, give location) Glenarm Road.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sister Mary	Paulette	Kieffer	Oct.	25	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	March 7, 1874	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher	RELIGIOUS	Philadelphia Penna.	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Kieffer	Caroline Wuest

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	NONE	Sr. Mary Ernest Notch Cliff.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Cerebral Thrombosis	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

332.X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1952, to Oct. 25, 1953, that I last saw the deceased alive on Oct. 20, 1953, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles F. O'Donnell M.D.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	10-27-53,	VILLA MARIA CEM.	NOTCH CLIFF NR. TOWSON, MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10-26-53	C W Hearn	Charles A. Zeiler 901 S. Conkling St. Balto. 24, Md.

51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reisterstown Rural
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓ X

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reisterstown, Rural
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Jeanette (Last) King
4. DATE OF DEATH: (Month) Oct (Day) 19 (Year) 1953
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: Feb 10-1896
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Evan H Ensor
14. MOTHER'S MAIDEN NAME: Wilhelmina Fawble

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT & ADDRESS: Wilmer E. King, Reisterstown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
154X
Immediate cause (a) Sarcoma of rectum — Interval Between Onset And Death: 2 yrs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) metastasis to liver
DUE TO
(c) Cachexia

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION: about 1951
19b. MAJOR FINDINGS OF OPERATION: Obstruction of rectum by neoplasm
20. AUTOPSY? Yes ☐ No ✓

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ✓
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ✓
(CITY OR TOWN) ✓ (COUNTY) ✓ (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 1-1-1930 to 10-19-1953, that I last saw the deceased alive on 10-18-1953, and that death occurred at 2:15 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Evan H Ensor M.D ADDRESS Reisterstown Md DATE SIGNED 10-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 22/53
NAME OF CEMETERY OR CREMATORY Pleasant Grove
LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-20-53
REGISTRAR'S SIGNATURE Mary B. Eline.
24. FUNERAL DIRECTOR Edw C Tipton
ADDRESS Hampstead Md

MARYLAND STATE DEPARTMENT OF HEALTH 10530

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex | LENGTH OF STAY (In this place) 7yrs. | HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 B. Fenway South

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE | COUNTY | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex | STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Joseph (Last) Kostkowski

4. DATE OF DEATH: (Month) Oct (Day) 19 (Year) 53

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 9-5-1901 | 9. AGE last birthday: 52 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist | 10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co. | 11. BIRTHPLACE (State or foreign country): Baltimore Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Kostkowski | 14. MOTHER'S MAIDEN NAME: Mary Bartkowiak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. 212-03-8901 | 17. INFORMANT AND ADDRESS: Robt Hansen (Son-in-law).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Death Oct 19-53 4:30 P.M. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

W Mclearmore M.D. Baltimore Co. Deputy Medical Examiner 10/19/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Oct. 22. 1953 | NAME OF CEMETERY OR CREMATORY St. Stanislaus | LOCATION (City, town, or county) (State) O'Donnell St. Md.

DATE REC'D BY LOCAL REG. 10/20/53 | REGISTRAR'S SIGNATURE Dan Helgel Deputy | 24. FUNERAL DIRECTOR John D Connelly. | ADDRESS Essex 21, Md.

15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (53)

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2511 S. SNYDER AVE X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE X
STREET ADDRESS (If rural give location) 2511 S. SNYDER AVE

3. NAME OF DECEASED: (First) MICHAEL (Middle) (Last) SMITH (KOULOUKAS)
4. DATE OF DEATH (Month) OCT (Day) 23 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: NOV. 17, 1886
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): TINNER
10b. KIND OF BUSINESS OR INDUSTRY: STEEL MILL
11. BIRTHPLACE (State or foreign country): CHIOS, GREECE
12. CITIZEN OF WHAT COUNTRY? U-S-A.

13. FATHER'S NAME: STEPHEN KOULOUKAS
14. MOTHER'S MAIDEN NAME: MARY ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: GEO. K. SMITH 2511 S. SNYDER

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
181X Immediate cause	(a) Generalized Carcinomatosis	4 mos.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Carcinoma of Bladder	1½ yrs.
	DUE TO (c) Hypertensive C. V. Dis.	5 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950 to Oct. 23, 1953, that I last saw the deceased alive on Oct. 23, 1953, and that death occurred at 3:40 PM; from the causes and on the date stated above.

SIGNATURE James H. Mure (Degree or title) M.D ADDRESS 520 Dulaney Pl DATE SIGNED 10/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF OCT 26, 1953
NAME OF CEMETERY OR CREMATORY OAK LAWN
LOCATION (City, town, or county) COLGATE (State) MD

DATE REC'D BY LOCAL REGISTRAR Oct. 24-53
REGISTRAR'S SIGNATURE Dawson L. Harber
24. FUNERAL DIRECTOR ULLRICH FUNERAL HOME
ADDRESS 212 DUNDALK

VS. A15

RECEIVED
27 1953
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville X — LENGTH OF STAY (In this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) (Last) Kurtz
4. DATE OF DEATH: (Month) October (Day) 17 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 9/15/76
9. AGE last birthday: 77 yrs. — If under 1 year: Months 1mo. Days 2 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Fred Kurtz
14. MOTHER'S MAIDEN NAME: Dorothy Walters
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war, or dates of service) 1896-1930
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: wife—Dorothy Kurtz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

17, X

Immediate cause (a) Coronary Infarction — 13 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Dis. — 15 yrs.

(c) Carcinoma of Prostate Gland — 8 Mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/26/53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma gland
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 7, 1946, to Oct. 17, 1953, that I last saw the deceased alive on Oct. 16, 1953, and that death occurred at 6:55 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifford F. Hudson, M.D. — ADDRESS Fork, Md. — DATE SIGNED 10/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 21, 1953 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) Arlington, Fairfax, (State) Va.

DATE REC'D BY LOCAL REG. Oct 21 53 — REGISTRAR'S SIGNATURE C. T. [illegible] — 24. FUNERAL DIRECTOR Howard K. Mc Comas & Son, Abingdon, Md. — ADDRESS

1963

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 36

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 52- | LENGTH OF STAY (in this place) 1mo. 1 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A. Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harundale 02X-1
STREET ADDRESS (If rural give location) 1504 Jupp Road

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Lewis

4. DATE OF DEATH (Month) (Day) (Year) October 15, 19 53

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 8-19-1889 | 9. AGE last birthday: 64 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Tailor | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): England | 12. CITIZEN OF WHAT COUNTRY? England

13. FATHER'S NAME: Jacob Lewis | 14. MOTHER'S MAIDEN NAME: Sara Lux

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: Unknown | 17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

430.0
Immediate cause (a) Subacute vegatative endocarditis — 1 month +
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-14- ,1953 , to 10-15- , 1953 , that I last saw the deceased alive on 10-15- , 1953 , and that death occurred at 7:15 P.M. , from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B. Hermann-Frey M.D. | ADDRESS Spring Grove State Hospital Catonsville 28, Maryland | DATE SIGNED 10-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE THEREOF 10-19-53 | NAME OF CEMETERY OR CREMATORY Loudon Park | LOCATION (City, town, or county) Balto | (State) Md

DATE REC'D BY LOCAL REGISTRAR OCT 19 1953 | REGISTRAR'S SIGNATURE Huntington Williams, Victor E. Harry Asst. | 24. FUNERAL DIRECTOR Jack Lewis Jr. | ADDRESS 2100 Eutaw Pl

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AD

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) 52; LENGTH OF STAY (In this place) 21 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp. Catonsville 28, Md 16

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Balto., Md. COUNTY 0001 +; CITY OR TOWN 52 Spring Grove State Hosp for; STREET ADDRESS (If rural give location) paid 21 Y.A. ✓

3. NAME OF DECEASED: (First) Charles (Middle) [illegible] (Last) Lutz ~~Lutz~~

4. DATE OF DEATH: (Month) October (Day) 18 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb. 22, [illegible]

9. AGE last birthday: about 69 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George ~~Lutz~~ Lotz

14. MOTHER'S MAIDEN NAME: ? Amelia (Hosselman?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. (SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Lillian Mrs. ~~Lillian~~ M. Denser-4402 Garrison Blvd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Complete heart block DUE TO — Interval Between Onset And Death: 10/17 - 10/18/53

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arterio-sclerotic & hypertensive DUE TO
(c) cardio-vascular disease

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/17, 1953, to 10/18, 1953, that I last saw the deceased alive on 10/17, 1953, and that death occurred at 6:45 A.M. from the causes and on the date stated above.

SIGNATURE Melvin M. Weil (Degree or title) M.D. ADDRESS Spring Grove State Hosp DATE SIGNED 10/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 10/21/53; NAME OF CEMETERY OR CREMATORY Loudon Park Cem.; LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 10-19-53; REGISTRAR'S SIGNATURE A.W. Hedrich dep.

24. FUNERAL DIRECTOR Wm. J. Dickens & Sons ADDRESS Balto 17, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09837

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: BALTIMORE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN: LANDSDOWNE 51 — LENGTH OF STAY (in this place): 30 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3100 HAMMONDS FERRY ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LANDSDOWNE
STREET ADDRESS (If rural give location): 3100 HAMMONDS FERRY RD. (#27)

3. NAME OF DECEASED (Type or Print): (First) SOPHIA (Middle) (Last) MARCZUK

4. DATE OF DEATH: (Month) OCTOBER (Day) 17 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MARCH 14, 1887

9. AGE last birthday: 66 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BUTTON HOLE MAKER

10b. KIND OF BUSINESS OR INDUSTRY: TAILORING

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.:

17. INFORMANT: L. FRANK MARCZUK

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Failure, — Interval Between Onset and Death: 1 da

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular Renal Disease — 3 yrs

(c) Carcinoma Left Breast

170X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: U

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/10, 1953, to 10/17, 1953, that I last saw the deceased alive on 10/17, 1953 and that death occurred at 12:30a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph G. Laufcarty MD — ADDRESS: 6179 Washington Blvd — DATE SIGNED: 10/20/53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: OCTOBER 21/1953 — NAME OF CEMETERY OR CREMATORY: HOLY CROSS — LOCATION (City, town, or county): RITCHIE HGW. A.A.Co. — (State): MD.

DATE REC'D BY LOCAL REG. 10-21-53 — REGISTRAR'S SIGNATURE: A.W. Hedrich

24. FUNERAL DIRECTOR: CHARLES W. KACHAUSKAS — ADDRESS: 703 Mc. HENRY ST.

VS 15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY BALTO. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX 54 — LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 617 VIRGINIA AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX 54
STREET ADDRESS (If rural, give location) 617 VIRGINIA AVE.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) JOSEPH (Last) McGREGOR

4. DATE OF DEATH: (Month) OCT. (Day) 23 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: FEB. 17-1896

9. AGE last birthday: 57 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TOOL MAKER

10b. KIND OF BUSINESS OR INDUSTRY: MARTINS

11. BIRTHPLACE (State or foreign country): PA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOSEPH McGREGOR

14. MOTHER'S MAIDEN NAME: UNKOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 194-07-1990

17. INFORMANT & ADDRESS: SALLIE C McGREGOR — SAME AS ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Acute Pulmonary edema	6 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary thrombosis	2½ yrs
	DUE TO (c) Arteriosclerotic heart disease	? yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to Oct. 23, 1953, that I last saw the deceased alive on Oct. 23, 1953, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE J. Blatt (DEGREE OR TITLE) MD ADDRESS 434 Eastern Ave. Essex md DATE SIGNED 10/23/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	OCT. 27-1953	HOLY SEPULCHER	ALLENTOWN PA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-23-53	A.W. Hedrich	JOHN G CONNELLY	ESSEX 21, MD.

dmr.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 338

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3128 Texas Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
STREET ADDRESS (If rural give location) 3128 Texas Avenue

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Mr. George Henry Meley

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 21st 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: July 28, 1886

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Ret. Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Johnstown, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Henry E. Meley, Sr. 3128 Texas Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic nephritis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerotic C.V.D. — DUE TO

(c)

Interval Between Onset And Death: 3 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of transverse colon

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15/53, to 10/20/53, that I last saw the deceased alive on 10/19, 1953, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold A. Groth, M.D. 8100 Harford Rd. 10/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 23, 1953 — NAME OF CEMETERY OR CREMATORY Parkwood Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 10-21-53

REGISTRAR'S SIGNATURE W. W. Hedrick

24. FUNERAL DIRECTOR Leonard J. Ruck — ADDRESS Leonard J. Ruck, 5305 Harford Road.

Dr. Harold A. Grott

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19)

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 517 Sussex Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural give location): 517 Sussex Road

3. NAME OF DECEASED: (Type or Print) (First) JOHN STEPHEN (Middle) MERRICK (Last)

4. DATE OF DEATH: (Month) Oct. (Day) 28, (Year) 1953

5. SEX: MALE — Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 11, 1884

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Pipe Shop Foreman-Ret.

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co.

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Merrick

14. MOTHER'S MAIDEN NAME: Mary Lowney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: 215-09-4580

17. INFORMANT & ADDRESS: Mrs. Amanda Merrick, 517 Sussex Road, Towson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — DUE TO — Interval Between Onset And Death: Sudden

420.1

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) — DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 7, 1947, to Oct 28, 1953, that I last saw the deceased alive on Oct 27, 1953, and that death occurred at Noon, from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles F. O'Donnell MD — ADDRESS: 7501 York Rd — DATE SIGNED: 10/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 31, 1953 — NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery — LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE REC'D BY LOCAL REGISTRAR: Oct. 31, 1953 — REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons, Towson, Maryland

REGI...
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7815 Clarksworth Place

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural, give location): 7815 Clarksworth Place

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Clifford (Last) Meyer

4. DATE OF DEATH: (Month) 10 (Day) 23 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: [illegible]93

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Manager

10b. KIND OF BUSINESS OR INDUSTRY: Cinder Block Co.

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Meyer

14. MOTHER'S MAIDEN NAME: Caroline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 216-05-4400

17. INFORMANT AND ADDRESS: Mrs. Lena H. Meyer (Wife) 7815 Clarksworth Place

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-24-1

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Vascular Disease — Interval Between Onset and Death: 7-10-45

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-10- , 1945, to 10-22- , 1953, that I last saw the deceased alive on 10-22- , 1953, and that death occurred at 12 10 A! m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Fulton C. Long, M.D

ADDRESS: 2117 Belair Rd-Zone 13

DATE SIGNED: 10-24-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct. 26, 1953

NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

LOCATION (City, town, or county) (State): alto. Co. Md.

DATE REC'D BY LOCAL REG.: 10-21-53

REGISTRAR'S SIGNATURE: C W Hedrick

24. FUNERAL DIRECTOR: Henry Sander & Sons. Inc. Baltimore Md.

ADDRESS: Geo. H. Sander

VS-A 15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible] 19

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE 52
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 613 COLERAINE RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE 52
STREET ADDRESS (If rural, give location) 613 COLERAINE RD.

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) EUGENE (Last) MEYER

4. DATE OF DEATH: (Month) 10 (Day) 16 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 13, 1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK

10b. KIND OF BUSINESS OR INDUSTRY: VETERANS ADMINS.

11. BIRTHPLACE (State or foreign country): M D.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOSEPH L. MEYER

14. MOTHER'S MAIDEN NAME: MARY V. HISKEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY NO.: 213-03-8253

17. INFORMANT & ADDRESS: Mrs Irene C. Meyer - 613 Coleraine Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443x

Immediate cause (a) cerebral vascular accident — Interval Between Onset and Death: 1 WK

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) hypertensive arteriosclerotic cardio-vascular disease — Interval Between Onset and Death: ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

INJURY OCCURRED While at work ☐ Not while at work ☐ —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6/30/47, to 10/16/53, that I last saw the deceased alive on 10/16/53, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Geo. A. Kemp Jr. M.D. ADDRESS 4116 Edmondson Ave. Balto 14 Md DATE SIGNED 10/17/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 10-19-53

NAME OF CEMETERY OR CREMATORY CATHEDRAL CEM.

LOCATION (City, town, or county) BALTO. (State) MD.

DATE REC'D BY LOCAL REG. 10/19/53

REGISTRAR'S SIGNATURE V.E. Harvey

24. FUNERAL DIRECTOR George D. Farley ADDRESS Catonsville, Md.

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0542

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE 5 — LENGTH OF STAY (in this place) 2 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE CO.
STREET ADDRESS (If rural give location) 1225 63rd ST.

3. NAME OF DECEASED: (Type or Print) (First) DANIEL (Middle) HENRY (Last) MILLER

4. DATE OF DEATH: (Month) 10 (Day) 31 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: MAR. 3, 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FIREMAN

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): U.S. Balto Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Miller

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service) UNK.

16. SOCIAL SECURITY NO.: 219-[illegible]9302 CX

17. INFORMANT & ADDRESS: HOSP. RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ARTERIOSCLEROTIC HEART DISEASE — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. SENILITY, GLAUCOMA

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9/2/53, 19..., to 10/31/53, 19..., that I last saw the deceased alive on 10/31/53, 19..., and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Carlos Ward M.D. ADDRESS Spring Grove St. Hosp. DATE SIGNED 10/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov 4/53 NAME OF CEMETERY OR CREMATORY Oak Lawn Cem LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 11/2/53 REGISTRAR'S SIGNATURE A.W. Reduced Jr.

24. FUNERAL DIRECTOR Philip Henry Sons ADDRESS 2024 Eutaw St

VS. 115.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton (Rural) — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton (Rural)
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Bess (Last) Miller

4. DATE OF DEATH: (Month) OCT. (Day) 4 (Year) 1953

5. SEX male — 6. COLOR OR RACE white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single — 8. DATE OF BIRTH June 4, 1880 — 9. AGE last birthday 73 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trackman — 10b. KIND OF BUSINESS OR INDUSTRY Railroad — 11. BIRTHPLACE (State or foreign country) Balto. Co. Md. — 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME John Thomas Miller — 14. MOTHER'S MAIDEN NAME Martha Baublets

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. ? — 17. INFORMANT AND ADDRESS George H. Miller, Luthersville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-Vascular renal disease

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

E. M. France — M.D. — Parkton Md. — 10-15-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 10-16-53 — NAME OF CEMETERY OR CREMATORY, LOCATION (City, town, or county) (State) Mt. Carmel Methodist Parkton, Md.

DATE REC'D BY LOCAL REG. 10-9-53 — REGISTRAR'S SIGNATURE Mary D. Eline. — 24. FUNERAL DIRECTOR — ADDRESS J. Scott Brooks, Sparks, Md.

15A

RECEIVED

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) 52 CATONSVILLE 52
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS REINHARD NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X ~~CATONSVILLE~~ LUTHERVILLE X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) E. (Last) MILLER

4. DATE OF DEATH: (Month) Oct. (Day) 5, (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW

8. DATE OF BIRTH: JAN. 12, 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE J. RIGNEY

14. MOTHER'S MAIDEN NAME: MARY E. HOFFMAN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: FAMILY RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
153X
Immediate cause (a) Carcinoma of the Colon — Interval Between Onset And Death: 2 years
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 1950, to Oct. 5, 1953, that I last saw the deceased alive on Oct 4, 1953, and that death occurred at 8 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Joshua H. Armacost M.D.
ADDRESS 6419 Windsor Mill Rd
DATE SIGNED Oct 6 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF Oct. 7, 1953
NAME OF CEMETERY OR CREMATORY WEISBURG CEMETERY
LOCATION (City, town, or county) (State) WEISBURG, BALTO. Co., MD.
DATE REC'D BY LOCAL REGISTRAR 10/8/53
REGISTRAR'S SIGNATURE V.E. Harry
24. FUNERAL DIRECTOR John Burns, Towson, Md.
ADDRESS

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09846

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 144 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore '0014
STREET ADDRESS (If rural give location): 1426 Rutter Street

3. NAME OF DECEASED: (First) WILLIAM (Middle) J. (Last) MOSLEY
4. DATE OF DEATH: (Month) October (Day) 6 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-5-15
9. AGE last birthday: 38 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Coca Cola Plant
11. BIRTHPLACE (State or foreign country): Mechenburg County, Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Hurley Mosley
14. MOTHER'S MAIDEN NAME: Lillie Buddie Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.: 220-098662
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) RUPTURE OF UPPER THORACIC AORTA IN LEFT THORAX	SUDDEN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) DISSECTING ANEURYSM	SUDDEN
	DUE TO (c) HYPERTENSION	2 YEARS

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 19 53, to Oct. 6, 19 53, and that death occurred at 11:35 P.M., from the causes and on the date stated above.

(Signature) (Degree or title) — ADDRESS — DATE SIGNED

WILLIAM B. VANDECREEK, M. D. — VAH, FORT HOWARD, MARYLAND — 10-7-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/12/53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 10/12/53 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: Holland Funeral Home, 1631 Druid Hill Ave., Baltimore, Maryland

Item 21 Film G159 11-9-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (In this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1/2 mile E of Kingsville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N. C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparta N. Carolina
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HERMAN	C.	MOXLEY	Oct	17	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Single	?	26 Yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sawmill		N C	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Chas Moxley	Della Wagoner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Miss Hattie Lee Darlington md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
819X Immediate cause	(a) MULTIPLE SKULL FRACTURES	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	road	Kingsville Rt. 1	Balto.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
10-17-53 2.40a.m.		Driving auto, ran into guard rail & hit phone pole

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Joseph G. Jachimczyk	M.D.	700 E Lexington St. Baltimore 2, Md.	10-17-53

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/20/53	Sparta	N Carolina	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-19-53	W. H. Hammett	Farrar Funeral Home	7401 Belair Rd

V 15A

RECEIVED
1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 1 yrs 9 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 600 Chapel Gate Rd.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Catherine (Last) Mulcahy
4. DATE OF DEATH: (Month) Oct (Day) 17 (Year) 1953
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): wid
8. DATE OF BIRTH: Mar. 5, 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: John Groh
14. MOTHER'S MAIDEN NAME: Ottilie Becker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unk.
17. INFORMANT & ADDRESS: Records Spring Grove State Hosp. Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) Cerebral Haemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)
Interval Between Onset And Death: 8 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease Central or generalized arteriosclerosis 4 yrs

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ✓ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-9, 1953, to 10-17, 1953, that I last saw the deceased alive on 10-17, 1953, and that death occurred at 11:40 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Ethel B. Hermann-Drew M.D.
ADDRESS Spring Grove State Hosp. Catonsville 28, Md.
DATE SIGNED 10-17-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/20/53
NAME OF CEMETERY OR CREMATORY Cathedral
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 10-19-53
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR Wm Cox Inc.
ADDRESS 1217 St. Paul St.

dar.

Item 21 Film G159 11-9-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTIMORE; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MIDDLE RIVER; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS PULASKI HIGHWAY & MARTIN BLVD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE; STREET ADDRESS (If rural, give location) 1019 RODMAN WAY

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) WM. (Last) MULL

4. DATE OF DEATH: (Month) 10 (Day) 18 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MAR. 13, 1925

9. AGE last birthday: 28 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RIGGER

10b. KIND OF BUSINESS OR INDUSTRY: BETH. SHIPYARD

11. BIRTHPLACE (State or foreign country): WAYNESVILLE, N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN W. MULL

14. MOTHER'S MAIDEN NAME: LILLIE SWANGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: VIRGINIA MULL 1019 RODMAN WAY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) FRACTURED SKULL AND RIBS — Interval Between Onset and Death:

812X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Pulaski Highway & Martin Blvd. (COUNTY) Balto.Co., (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 10-18-53 2.45 a.m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Struck by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph G. Schimank M.D. 70 Flat St 10-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL; DATE THEREOF 10-22-53; NAME OF CEMETERY OR CREMATORY MT. ZION CEM.; LOCATION (City, town, or county) (State) WEBSTER SPRINGS W.VA.

DATE REC'D BY LOCAL REG. 10/19/53; REGISTRAR'S SIGNATURE Edith Shirley

24. FUNERAL DIRECTOR Charles L. Zeiler; ADDRESS 901 S. CONKLING ST. BALTO., 24, MD.

15A

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLANDVILLE X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS VILLA JULIE-VALLEY RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLANDVILLE X
STREET ADDRESS (If rural, give location) VILLA JULIE - VALLEY RD.

3. NAME OF DECEASED: (Type or Print) (First) SISTER (Middle) MARIE ALOYSE (Last) (MARGARET MURRAY)

4. DATE OF DEATH: (Month) 10 (Day) 11 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH: JULY 23, 1889

9. AGE last birthday: 64 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TEACHER

10b. KIND OF BUSINESS OR INDUSTRY: RELIGIOUS

11. BIRTHPLACE (State or foreign country): MASS. 18

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN A. MURRAY

14. MOTHER'S MAIDEN NAME: MARIE A. HEVEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Villa Julie Convent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
170X
Immediate cause (a) Carcinoma of Breast & Pulmonary
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) & Osteoses
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Oct, 1953, that I last saw the deceased alive on 10/7, 1953, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE Frank J. Geraghty (DEGREE OR TITLE) MD ADDRESS 3047 Hamilton St Balto 18 Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10-14-53

NAME OF CEMETERY OR CREMATORY Trinity Convent Cem.

LOCATION (City, town, or county) Ilchester (State) Md.

DATE REC'D BY LOCAL REG. 10/14/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR George A. Farley ADDRESS Catonsville Md.

S. A15 8-51

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) middlebrough. Esse-x
LENGTH OF STAY (in this place) /
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middleborough, Essex Md.
STREET ADDRESS (If rural give location) 340 Sassafras Rd.

3. NAME OF DECEASED: (Type or Print) (First) Fredrick (Middle) Thomas (Last) Myers
4. DATE OF DEATH: (Month) Oct (Day) 18 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH	9. AGE Last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	White	Married	Sept 5. 1885	68 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): aircraft
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Ky.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Zachary Myers
14. MOTHER'S MAIDEN NAME: Dora Ashridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 213-01-3443
17. INFORMANT & ADDRESS: Edna Myers 340 Sassafras Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Coronary Occlusion	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arterio sclerosis	unknown
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchial Asthma — 25 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to Oct 18, 1953, that I last saw the deceased alive on Oct 17, 1953, and that death occurred at 2 40AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Joseph Mech M D 423 Eastern Ave Balto 2 Md 10/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 21 1953
NAME OF CEMETERY OR CREMATORY Sacred Heart of Jesus
LOCATION (City, town, or county) (State) Balto Co
DATE REC'D BY LOCAL REGISTRAR 10-19-53
REGISTRAR'S SIGNATURE A.W.Hedrich
24. FUNERAL DIRECTOR J Brzezinski ADDRESS 1487 Eastern Ave

dmr.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 4202 Roland Avenue

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) ARTHUR S (Last) NEILSON, Sr

4. DATE OF DEATH: (Month) October (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-10-91

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Estimater Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles S Neilson

14. MOTHER'S MAIDEN NAME: Suzanna Woods

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 220-03-8732

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PULMONARY EMPHYSEMA

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death: 4 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 8, 1953, to Oct. 14, 19 53, [illegible] and that death occurred at 3:00 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDIVIER, M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 10-14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10/17/53

NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 10/15/53

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons Inc.,

ADDRESS: North & Pa. Aves. Baltimore, Md.

VS. A18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0985

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A1

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) HALETHORPE 51
LENGTH OF STAY (in this place) 17 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1809 FAIRVIEW AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HALETHORPE. 51
STREET ADDRESS (If rural give location) 1809 FAIRVIEW AVE.

3. NAME OF DECEASED: (Type or Print) (First) ESTELLA (Middle) M. (Last) NELSON

4. DATE OF DEATH: (Month) OCT. (Day) 7 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: DEC. 15, 1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MAHAFFEY, PENN.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HENRY STAGNER

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: ROBERT J NELSON 1809 FAIRVIEW AVE

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial Infarction DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Occlusion DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/5, 1953 to 10/7, 1953, that I last saw the deceased alive on 10/7, 1953 and that death occurred at 7:35 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Jon C Neary MD ADDRESS Hanover Md DATE SIGNED 10/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF Oct. 11, 1953 NAME OF CEMETERY OR CREMATORY St Bonaventura LOCATION (City, town, or county) (State) GRAMPIAN, CLEARFIELD, PENN.

DATE REC'D BY LOCAL REGISTRAR 10/8/53 REGISTRAR'S SIGNATURE Mrs. Hedrick

24. FUNERAL DIRECTOR Joseph J. Ambrose Jr. ADDRESS 1925 Sulphur Sp. Rd.

Item 18 Film G159 10-26-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The certificate must be written PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Especially important.

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
STREET ADDRESS (If rural, give location): Deer Park Road

3. NAME OF DECEASED (Type or Print): George (First) H. (Middle) Nicholson (Last)

4. DATE OF DEATH: October 19, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 7-13-1887

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Laurel Lumber Co.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Howard Nicholson

14. MOTHER'S MAIDEN NAME: ---- Collister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-18-4107

17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: (a) Myocardial Infarction Coronary sclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) General arteriosclerosis

(c) Diabetes Mellitus, Chronic Nephritis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture left arm & dislocated humerus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) Oct (Day) 14 (Year) 53 (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED

[signature] M.D. 1010 Reedsdale Oct 19 1953

MANNER OF DISPOSITION (Burial, Cremation, or Removal): Burial

DATE THEREOF: 10/21/53

NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery

LOCATION (City, town, or county) (State): Woodlawn, Maryland

DATE RECD BY LOCAL REG: 10-21-53

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Wm. Cook, Inc.

ADDRESS: 1217 St. Paul Street

Film#G159 Item No. 2 11/4/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15-7

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall & Harrison Pl. Baltimore, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Ba[illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Middle River-B-A [illegible]tway So.
STREET ADDRESS (If rural, give location) Harrison Ave Baltimore

3. NAME OF DECEASED (Type or Print): (First) Celia (Middle) Outland (Last)
4. DATE OF DEATH: (Month) 10 (Day) -21 (Year) 195
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Feb. 3-1912
9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rest. WAITRESS
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): VIRGINIA 43
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: DANIEL HARRIS
14. MOTHER'S MAIDEN NAME: FRANCES PERRIGOT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.: 220-18-8290
17. INFORMANT AND ADDRESS: MR. GEORGE OUTLAND 3701 E. PRATT ST.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Carcinomatosis	1 yr
171X Antecedent cause(s)	(b) Carcinoma of cervix	17 months
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hydronephrosis left / Hypertonic uropathy	1 year

19a. DATE OF OPERATION: 7/52
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of cervix
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) Baltimore (COUNTY) (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/14, 1953 to 10/21, 1953 that I last saw the deceased alive on 10/21, 1953 and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Lewis Kolodny MD ADDRESS 456 Edgewood Apts. Baltimore 21 DATE SIGNED 10/24/53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE Oct. 24 1953 | NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery | LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 10-23-53 | REGISTRAR'S SIGNATURE A.W. Hedrich dmr. | 24. FUNERAL DIRECTOR Braun Bello Usee ADDRESS 322 S. High St

File #-109 Issued 10/20/53 em

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 37 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: V—
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural give location): 517 6th St., N.W.

3. NAME OF DECEASED: (First) PETER (Middle) J. (Last) PANDELIS

4. DATE OF DEATH: (Month) October (Day) 16, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8/25/05

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months, Days IF UNDER 24 HRS. Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Diner

11. BIRTHPLACE (State or foreign country): Ceoki Island, Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John unknown

14. MOTHER'S MAIDEN NAME: Mary Koufakis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 079-05-3095

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) MYOCARDIAL INFARCT LEFT VENTRICLE

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS OF LEFT CORONARY ARTERY

DUE TO (c)

Interval Between Onset And Death: 3 Months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 9, 1953, to Oct. 16, 1953, that death occurred at 12:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M.D.

ADDRESS: VAH, Fort Howard, Maryland

DATE SIGNED: 10/17/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-20-53

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REGISTRAR: 10-19-53

REGISTRAR'S SIGNATURE: A.W. Hedrich dmr.

24. FUNERAL DIRECTOR ADDRESS: Howard Blight Funeral Home, 6009 Harford Ave. Balto, Md.

Mildred T. Blight

V.S. A15

Film#G159 Item# 13 11/2/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 131 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1614 Hollins Street

3. NAME OF DECEASED: (First) ETHEL (Middle) LOUISE (Last) PEARCE (NEE: CONN)

4. DATE OF DEATH: (Month) October (Day) 22 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-17-23

9. AGE last birthday: 30 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Garrison, Kentucky

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Conn

14. MOTHER'S MAIDEN NAME: Mary Carver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 298-18-4813

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF CERVIX OF UTERUS — Interval Between Onset And Death: 18 months.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-25-53

19b. MAJOR FINDINGS OF OPERATION: Chordotomy Bilateral

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1953, to Oct. 22, 1953 ~~that I last saw the deceased~~ and that death occurred at 11:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): M. H. TRAVERS, Chief, Professional Services
ADDRESS: VAH, Fort Howard, Md.
DATE SIGNED: 10/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10-26-53
NAME OF CEMETERY OR CREMATORY: Baltimore Naticnal Cemetery
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 10/26/53
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Howard Blight Funeral Home
ADDRESS: 6009 Harford Rd. Balto. 14, Md.
Mildred T. Blight

VS. 4 A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]5

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt.Wilson X
MARYLAND
LENGTH OF STAY (in this place) 5 mos.25days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt.Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore (31) 0001.4
STREET ADDRESS (If rural give location) 234 South Madeira St.

3. NAME OF DECEASED: (First) Mitchell A. (Middle) (Last) Pijanowski

4. DATE OF DEATH: (Month) 10 (Day) 31 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/4/04

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months 6 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Bartender

10b. KIND OF BUSINESS OR INDUSTRY: Cafe

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Michael Pijanowski

14. MOTHER'S MAIDEN NAME: Anna ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 216-05-4469

17. INFORMANT & ADDRESS: Mitchell A. Pijanowski,234 S. Madeira, Balto.31, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Infarction of Myocardium — Interval Between Onset And Death: 13 days

DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) Embolism

DUE TO

(c) Minimal Pulmonary tuberculosis — 1 yr.4mos

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-6-53, 19..., to 10-31, 19..., that I last saw the deceased alive on 10-31, 19 53, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William Nuzum, Superintendent — ADDRESS Mt.Wilson,Md. — DATE SIGNED 11-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-4-53 — NAME OF CEMETERY OR CREMATORY Holy Rosary — LOCATION (City, town, or county) (State) Baltimore,Maryland

DATE REC'D BY LOCAL REGISTRAR 10/31 — REGISTRAR'S SIGNATURE Helen M. Derr

24. FUNERAL DIRECTOR — ADDRESS Lilly & Zeiler, 403 S. Wolfe St.Balto.,Md.

VS. A15

BUREAU V. E.
RECEIVED

Copy to CHO 11/24/53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 . 5[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Franklinville
LENGTH OF STAY (in this place) 5 yrs.,
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto.,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Franklinville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Hattie (Middle) (Last) Pratt
4. DATE OF DEATH: (Month) Oct. (Day) 2 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Sept. - 1892
9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Servant
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Harford Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Brommer
14. MOTHER'S MAIDEN NAME: Nancy Watters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: -
17. INFORMANT & ADDRESS: Jacob Watters, Franklinville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death
Immediate cause (a) Cerebral Hemorrhage — 10 hrs.
DUE TO Hypertensive Cardiovascular Dis. 6 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1946 to Oct 2, 1953, that I last saw the deceased alive on Oct 1, 1953, and that death occurred at 1 am, from the causes and on the date stated above.
SIGNATURE (Degree or title) Lloyd F. Hudson, M.D. — ADDRESS Fork Md. — DATE SIGNED 10-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 5, 1953 — NAME OF CEMETERY OR CREMATORY Mt. Zion, Mountain — LOCATION (City, town, or county) Joppa, Harford, (State) Md.
DATE REC'D BY LOCAL REGISTRAR Oct 5-53 — REGISTRAR'S SIGNATURE C. E. Arthur D. Ford
24. FUNERAL DIRECTOR — ADDRESS Howard K. Mc Comas & Son Abingdon, Md.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS., Aug.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville 52
MARYLAND LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bonnie View Home Kenwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md.
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1622 Bolton St.

3. NAME OF DECEASED (Type or Print): (First) LILLIAN (Middle) (Last) RAMER

4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: June 12, 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Piano

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Ramer

14. MOTHER'S MAIDEN NAME: Miriam Schwab

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): -
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Box 475 Mrs. Stella Benson - St/ Margarets, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Cervix Metastases — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

171X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1931

19b. MAJOR FINDINGS OF OPERATION: Carcinoma

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1953, to 10/25, 1953, that I last saw the deceased alive on 10/24, 1953, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title): Chas A Cahn MD ADDRESS: 2145 W Baltimore St DATE SIGNED: 10/27 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 10/28/53 NAME OF CEMETERY OR CREMATORY: Oheb Shalom Cem. LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: 10-27-53 REGISTRAR'S SIGNATURE: G W Hedrick

24. FUNERAL DIRECTOR: Wm. J. Dickens & Sons ADDRESS: Balto 17, Md.

NST

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: BALTIMORE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE (29) — LENGTH OF STAY (In this place): 40
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1015 ST. CHARLES ST.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE — 29 minutes
STREET ADDRESS (If rural, give location): 1015 ST. CHARLES ST.

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) (Last) REMAS

4. DATE OF DEATH: (Month) 10 (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12/24/1890

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pocket Maker

10b. KIND OF BUSINESS OR INDUSTRY: Tailoring

11. BIRTHPLACE (State or foreign country): LITHUANIA

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ANTANAS REMAS

14. MOTHER'S MAIDEN NAME: UNKNOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 215-01-8176

17. INFORMANT: MARGARET REMAS 1015 ST. CHARLES ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary artery occlusion & Thrombosis — 12 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1941, to 10/25, 1953, that I last saw the deceased alive on 10/24, 1953, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) MD — ADDRESS 2320 Eutaw Pl — DATE SIGNED 10/27/53

28. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: 10/28/53 — NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER — LOCATION (City, town, or county): BELAIR RD. — (State): MD

DATE REC'D BY LOCAL REG.: 10-27-53 — REGISTRAR'S SIGNATURE: A W Gudrich

24. FUNERAL DIRECTOR: CHARLES W. KACHAUSKAS — ADDRESS: 703 McHENRY ST.

DR. MILTON KIRSH
LA F. 3-5737.
2320 EUTAW PLACE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River. | MARYLAND | LENGTH OF STAY (In this place) 37 | HOSPITAL OR INSTITUTION OR STREET ADDRESS Martin's Aero Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore | STREET ADDRESS 37 Parkin St. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Anthony (Middle) C. (Last) Remeikis. | 4. DATE OF DEATH: (Month) Oct (Day) 29 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH: 1916 | 9. AGE: Last birthday 37 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Delivery. | 10b. KIND OF BUSINESS OR INDUSTRY: Bakery | 11. BIRTHPLACE (State or foreign country): Baltimore Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adam Remeikis | 14. MOTHER'S MAIDEN NAME: Magdaline Valuckones.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 215-12-1953 | 17. INFORMANT AND ADDRESS: Anna Pantenas 1926 Carswell St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion | Interval between onset and death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) Oct 29-53 5P m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Wm Clearmine M.D. (Degree or title) | ADDRESS: Deputy Medical Examiner 22 mi | DATE SIGNED: Oct 29-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 11/3/53 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer. | LOCATION (City, town, or county): Belair Rd. | (State): Md.

DATE REC'D BY LOCAL REG.: 11-2-53 | REGISTRAR'S SIGNATURE: A.W. Hedrich | 24. FUNERAL DIRECTOR: Charles W. Kachauskas | ADDRESS: 703 McHenry St.

dmr.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09562

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills X
MARYLAND LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School 13

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1112 E. Monument Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Delia (Middle) (Last) Rigney

4. DATE OF DEATH: (Month) October (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 12-1-06

9. AGE Last birthday: 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Bernard J. Rigney

14. MOTHER'S MAIDEN NAME: Mary Scannell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Rosewood records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.3 Immediate cause (a) Heart Disease-(Lutenbacher's Syndrome 10-12-51) — Interval Between Onset And Death: 10-12-51

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 12, 1951, to October 21, 1953, that I last saw the deceased alive on Oct. 21, 1953, and that death occurred at 3:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry G. Butler M.D. — ADDRESS Owings Mills Md. — DATE SIGNED 10-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) Anatomical Board — DATE THEREOF 10-24-53 — NAME OF CEMETERY OR CREMATORY University Med School — LOCATION (City, town, or county) Balto Co. — (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-24-53 — REGISTRAR'S SIGNATURE Mary B. Elvie

24. FUNERAL DIRECTOR Frances J. Hensley — ADDRESS 5784 Biddle St

VS. A.B.

OCT
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ARC 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Cockeysville X
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd & Gibbons Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville X
STREET ADDRESS (If rural, give location) York Rd & Gibbons Blvd.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Thomas (Last) Roberts

4. DATE OF DEATH: (Month) October (Day) 2 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	7 October 1873	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Store Keeper	Store + Gasoline	Sikesville Md.	U.S.A.

13. FATHER'S NAME: William Roberts

14. MOTHER'S MAIDEN NAME: Susan Kidd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	—	—	Wife - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
002X Immediate cause	(a) Hemorrhage - Lung	5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Tuberculosis	2 yrs
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from....., 19 49, to Oct, 19 53, that I last saw the deceased alive on 1 Oct, 1953, and that death occurred at 12:35 P.M. 2 Oct 53, from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Walter T. Lees	M.D.	Cockeysville Md.	2 Oct 1953

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/5/53	Woodlawn	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
October 3, 1953	R.W.	Paul E. Clemens Jr.	3615-17 Chestnut Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09564

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kenbrook Farms, Park Hgts Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) Park Hgts. Ave

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) B (Last) Robertson

4. DATE OF DEATH: (Month) Oct (Day) 20 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Oct 31, 1898

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor - Pres.

10b. KIND OF BUSINESS OR INDUSTRY: Paving & Contr.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hampton Robertson

14. MOTHER'S MAIDEN NAME: Lilly Dell Elder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Helen K. Robertson-Pk. Hgts. Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 6 months

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Obesity

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1951, to 17 May, 1953, that I last saw the deceased alive on 19 May, 1953, and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles W. Williams, M.D. Pikesville 8, Md. 20 Oct '53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/23/53 — NAME OF CEMETERY OR CREMATORY Druid Ridge Cem. — LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 10-21-53 — REGISTRAR'S SIGNATURE A.W. Hedrich

24. FUNERAL DIRECTOR — ADDRESS Wm. J. Pickney & Sons, Balto. 17, Md.

dmr.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place) 6
HOSPITAL OR INSTITUTION OR STREET ADDRESS TRAPPE ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md. COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22
STREET ADDRESS (If rural, give location) 7608 POPLAR Rd.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) HENRY ROCK
4. DATE OF DEATH (Month) (Day) (Year) 10-17 19[illegible]

5. SEX M | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE | 8. DATE OF BIRTH 11-20-1928 | 9. AGE last birthday 24 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST
10b. KIND OF BUSINESS OR INDUSTRY STEEL MFGR.
11. BIRTHPLACE (State or foreign country) VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME I. B. ROCK
14. MOTHER'S MAIDEN NAME RUTH LUTTRELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of service) KOREA
16. SOCIAL SECURITY NO. 231-30-6510
17. INFORMANT AND ADDRESS I. B. ROCK - EMMERTON, VIRGINIA

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Fracture Skull.	
82%X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Concussion Cont Walk	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY STREET
(CITY OR TOWN) DUNDALK (COUNTY) BALTO. (STATE) Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY 10-17-53 4 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY Ooccur? Ran [illegible] & turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS 6800 Monroe Rd. DATE SIGNED 10-17-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	10-20-53	SALEM METHODIST	EMMERTON, VA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 17 1953	William M. Kelly	[illegible] Brooks	Dundalk, Md.

V 15A

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Catonsville, 28 Md.
   COUNTY Baltimore MARYLAND
   CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Catonsville
   LENGTH OF STAY (in this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring State Hospital Catonsville 28, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Maryland COUNTY
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Md
   STREET ADDRESS (If rural give location) 903 Lake Drive

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) (Last) Row

4. DATE OF DEATH: (Month) Oct. (Day) 8 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 4-27-871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Row

14. MOTHER'S MAIDEN NAME: Sarah Eichenberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

561.0

Immediate cause (a) Obstruction, small intestine — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Incarceration in right inguinal hernia — Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic cardiovascular renal disease — Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to ....., 19....., that I last saw the deceased alive on 10/7, 1953, and that death occurred at 10/8/1953, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stella Wechsler, M.D. Spring Grove State Hosp., Catonsville 28 10/8/1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10/11/53

NAME OF CEMETERY OR CREMATORY Balto Hebrew Cong Cemetery

LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 10/8/53

REGISTRAR'S SIGNATURE R.W. Kedrick

24. FUNERAL DIRECTOR Sol Levinson & Bros ADDRESS 1126 W North ave

VS.

5 / 5 AM

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and specially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY BALTO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE (19) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3233 LYNCH Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE (19) X
STREET ADDRESS (If rural, give location) 3233 LYNCH Rd.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	JOHN	FRANCIS	RUTH		10	10	19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W.	MARRIED	27 Nov. 1898	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MACHINE OPERATOR	STEEL MFGR.	Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
F. K. RUTH	CATHERINE MOORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO NO	213-09-3751	CATHERINE L. RUTH - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Carcinoma - Bronchogenic	1 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Oct 15	Squamous cell carcinoma of lung	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 1, 19 53 to Oct 22, 19 53 that I last saw the deceased alive on Oct 9, 19 53, and that death occurred at 1 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	500 S. St. Paul St. Balto.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	10-13-53	OAK LAWN	BALTO. CO. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 13-53	Dawson L. Tarbox	Wetter, Lauer, Bromley, Inc.	

VS. A15

RECEIVED
OCT 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10531

CERTIFICATE OF DEATH

Reg. Dist. No. 4f

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (In this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2814 Pelham Avenue

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) HENRY (Last) SCHAMMEL

4. DATE OF DEATH: (Month) October (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-23-97

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Elevator maintenance man

10b. KIND OF BUSINESS OR INDUSTRY: Otis Elevator Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Schammel

14. MOTHER'S MAIDEN NAME: Elizabeth Maul

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 214-03-0403

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 x

Immediate cause (a) CARCINOMA OF SIGMOID — Interval Between Onset And Death: 3 YEARS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10-24-53 3

19b. MAJOR FINDINGS OF OPERATION: Ureterostomy, left

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 8, 1953, to Oct. 26, 1953, ~~that I last saw the deceased~~ and that death occurred at 2:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. VANDECRIFT, M. D.

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 10-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Oct.29,1953

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 10-28-53

REGISTRAR'S SIGNATURE C W Hardesty

24. FUNERAL DIRECTOR ADDRESS Henry Sander & Sons Inc. ~~Funeral Home~~ North Ave. and Broadway, Baltimore, Md.

Geo. F. Sander

VS-A46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

1. PLACE OF DEATH: COUNTY BALTO 22 MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL (BALTO) Npyro.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 331 ROSEBANK RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Balto; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUAL. X BALTO, 22; STREET ADDRESS (If rural, give location) Box 331 ROSEBANK RD.

3. NAME OF DECEASED (Type or Print): (First) STEPHEN (Middle) J. (Last) SCHULLER

4. DATE OF DEATH: (Month) OCT (Day) 11 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JULY 17-1892

9. AGE last birthday: 61 yrs. If under 1 year: Months 2, Days -, If under 24 hrs.: Hours -, Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RIVETER

10b. KIND OF BUSINESS OR INDUSTRY: BETHLEHAM STEEL

11. BIRTHPLACE (State or foreign country): BALTO. MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK SCHULLER

14. MOTHER'S MAIDEN NAME: ANNA LANCHES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: ETHEL J. SCHULLER Box 331 ROSEBANK RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Pulmonary Oedema	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Sarcoma of Lung - generalized metastises	2 years
(c)		

163X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1953

19b. MAJOR FINDINGS OF OPERATION: Sarcoma of Lung - Generalized Metastises

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to Oct 11, 1953, that I last saw the deceased alive on Oct 11, 1953, and that death occurred at 3 15 P. m., from the causes and on the date stated above.

SIGNATURE: Morris A. Jacobs (Degree or title) M.D. ADDRESS 1010 North Pk Rd. Balt 24 DATE SIGNED 10/12/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE: OCT-15/1953

NAME OF CEMETERY OR CREMATORY: OAK LAWN CEM

LOCATION (City, town, or county): EASTERN AVE (State) MD

DATE REC'D BY LOCAL REG. 10/13/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Marie Fialkowski ADDRESS 1000 S. KENWOOD AVE

J1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (In this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Neil & 3rd Aves.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Neil & 3rd Aves.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) A. (Last) Sharff

4. DATE OF DEATH: (Month) Oct. (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 31, 1908

9. AGE last birthday: 44 yrs. — If under 1 year: Months / Days — If under 24 hours: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PBX Repairman

10b. KIND OF BUSINESS OR INDUSTRY: Telephone Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ernest F. Sharff

14. MOTHER'S MAIDEN NAME: Catherine V. Snowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 212-10-0732

17. INFORMANT AND ADDRESS: Mr. Cyril S. Sharff-4676 Marble Hall Road, Baltimore,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shot thru roof of mouth with bullet (self-inflicted) — INTERVAL BETWEEN ONSET AND DEATH: Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. FATAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m. — INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? none

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

SIGNATURE: D. D. Caples — (Degree or title): Deputy Md. Exam. M.D. — ADDRESS: 6 Hanover Rd., Reisterstown, Md. — DATE SIGNED: 10-15-53

CREMATION (Yes or No) — DATE THEREOF: Oct. 15, 1953 — NAME OF CEMETERY OR CREMATORY: Druid Ridge — LOCATION (City, town, or county): Pikesville — (State): Md.

DATE REC'D BY LOCAL REG: 10/15/53 — REGISTRAR'S SIGNATURE: Ida Hedrick — 24. FUNERAL DIRECTOR: Wm. J. Pickner & Son. — ADDRESS: North & Pennsa Aves, 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct and specially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place) 34 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 900 Milford Mill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) 900 Milford Mill Rd.

3. NAME OF DECEASED: (First) Solomon (Middle) S. (Last) Shears
4. DATE OF DEATH: (Month) 10 (Day) 30 (Year) 19 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 3-27-1863
9. AGE last birthday: 90 yrs.
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Elizabeth W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Solomon S. Shears
14. MOTHER'S MAIDEN NAME: Elizabeth Odgen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mark Dean Shears - 900 Milford Mill

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Chronic Uremia	1 year
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic Glomerulo-Nephritis	?
	DUE TO (c) Arterio-Sclerosis, generalized	10 years.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10/29/50, to 10/25/53, that I last saw the deceased alive on 9/28/53, and that death occurred at 5 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Kenneth Dahman
ADDRESS 1413 Reisterstown Rd Pikesville 8
DATE SIGNED 10/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-3-53
NAME OF CEMETERY OR CREMATORY Sellers
LOCATION (City, town, or county) (State) Wood Co. W. Virginia
DATE REC'D BY LOCAL REGISTRAR 10-30-53
REGISTRAR'S SIGNATURE A. N. Hedrick
24. FUNERAL DIRECTOR Frank H. Newell
ADDRESS Pikesville, Md.

VS. A16

V51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY BALTIMORE — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN ARBUTUS 51

LENGTH OF STAY (In this place) 8 YRS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 1231 NORTH AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY BALTIMORE

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS 51

STREET ADDRESS (If rural give location) 1231 NORTH AVE

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) L. (Last) SHEETS.

4. DATE OF DEATH: (Month) OCTOBER (Day) 10 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	OCT. 27, 1881	71 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
LABOR.	BALTIMORE CITY	MARYLAND.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
CHARLES SHEETS	LAURA V. UNKNOWN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO.	NONE.	MARY E. SHEETS 1231 NORTH AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) DUE TO arteriosclerotic cardiovascular disease — Interval Between Onset And Death: 6 mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO —

(c) —

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypertension - essential

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1/53, to 10/10/53, that I last saw the deceased alive on 10/11/53 and that death occurred at 10/10/53, from the causes and on the date stated above.

SIGNATURE (Degree or title) Benjamin Miller MD — ADDRESS 2030 Hilltens ave — DATE SIGNED 10/12/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	OCT. 13, 1953	MORLAND MEMORIAL	BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/12/53	R.C. Hedrick DMR	Joseph T. Carlin Jr.	1328 Sulphur Spring Rd

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard X — LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2113 McCulloh Street

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) (NMI) (Last) SHIPLEY

4. DATE OF DEATH: (Month) October (Day) 23 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-12-94

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Hotel Janitor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Shipley

14. MOTHER'S MAIDEN NAME: Ida Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Thrombosis Left Internal Carotid Artery; — 24 Hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Infarct Left Cerebral Hemisphere
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 17, 1953, to Oct. 23, 1953, that I last saw the deceased alive on [illegible] and that death occurred at 4:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. B. VANDEGRIFT, M.D. — ADDRESS: VAH, Fort Howard, Maryland — DATE SIGNED: 10/25/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 10/28/1953 — NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL CEMETERY — LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 10-29-53 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Arlington S. Phillips Funeral Home — ADDRESS: 1808 N. Monroe St. Balto., Maryland

VS.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH
COUNTY: BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK 22
LENGTH OF STAY (in this place): 76 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 32 MIDSHIP ROAD X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK 22
STREET ADDRESS (If rural, give location): 32 MIDSHIP Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	AGNES	SHIVELY	10 – 10 – 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEM.	WH	WIDOWED	FEB 15, 1881	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	—	PENNA	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GUSTAVES A. SNYDER	CORA M. DOWNING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO DD	NONE	MRS. CHAS H. KURTZ – SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept., 1937, to Oct., 1953, that I last saw the deceased alive on 10/10/53, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. Brown M.D.	Dep. Med. Exam.	Dundalk-Md	10/10/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	10-13-53	HARRISBURG CEM.	HARRISBURG, PENNA

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 12-1953	William M. Kelly	Wm. Fuhrman Lodge	Dundalk, Md

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) MIDDLE RIVER, BALTO 20 | LENGTH OF STAY (in this place) 40 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS IVY HALL 19 HARRISON AVE, BALTO 20, MD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MIDDLE RIVER
STREET ADDRESS (If rural give location) 2200 OLD EASTERN AVE

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) (Last) SHORT

4. DATE OF DEATH: (Month) OCT (Day) 30 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED.~~ (Specify): WIDOWED

8. DATE OF BIRTH: AUG 28, 1874

9. AGE last birthday: 79 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY: GROCERY STORE

11. BIRTHPLACE (State or foreign country): PENNA.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: NOT KNOWN

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) CARCINOMA, GENERALIZED — Interval Between Onset And Death: 6 MONTHS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) CARCINOMA OF COLON — 14 MONTHS

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: AUG 15, 1953

19b. MAJOR FINDINGS OF OPERATION: GENERALIZED ABDOMINAL CARCINOMA

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY, 1952 to OCT 30, 1953, that I last saw the deceased alive on OCT 30, 1953, and that death occurred at 6:25 P.M., from the causes and on the date stated above.

SIGNATURE: Robert C. Kimberly (Degree or title) M.D. | ADDRESS: 802 Cathedral St Baltimore 1, Md | DATE SIGNED: OCT 30, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11-3-53 | NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery | LOCATION (City, town, or county) (State): Hanover, Penna.

DATE REC'D BY LOCAL REGISTRAR: NOV 2 1953 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: E.A. Brzozinski | ADDRESS: 1407 Eastern Ave Balto

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Howard Bal Co — MARYLAND — CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN: Halethorpe — LENGTH OF STAY (in this place): 21 — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Craddock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — STREET ADDRESS (If rural, give location): 2416 Madison Ave.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Smith

4. DATE OF DEATH: (Month) Oct. (Day) 29 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 10 1880

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Casey

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: John Smith 2416 Madison Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.4 Immediate cause (a) Cardio Valvular Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broken Compensation

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1953, to Oct 29, 1953, that I last saw the deceased alive on Oct 27, 1953, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm Goodridge MD — ADDRESS: R4 Box 212 Edgewood — DATE SIGNED: Oct 29 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/2/1953 — NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 11-30-53 — REGISTRAR'S SIGNATURE: W W Pedrick — 24. FUNERAL DIRECTOR: Mrs Katie R. Williams — ADDRESS: 722 N. Schroeder St

551

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place) 54
HOSPITAL OR INSTITUTION OR STREET ADDR Box 655 Turkey Point Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex 54
STREET ADDRESS (If rural give location) Box 655 Turkey Point Road.

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) W. (Last) Smith

4. DATE OF DEATH: (Month) Oct (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Jan. 29, 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Balto City Schools

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Daisy A. Smith Box 655 Turkey Point Road

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) Carcinoma of Rectum DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 5yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 1948

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Rectum.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1948, to Oct 27, 1953, that I last saw the deceased alive on Oct 27, 1953, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

(SIGNATURE) Louis F. White M.D. (Degree or title) ADDRESS 422 S. Eaton Ave, Baltimore 24, Md DATE SIGNED 10-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Oct 30, 1953

NAME OF CEMETERY OR CREMATORY St Mary's

LOCATION (City, town, or county) (State) Hampden.

DATE REC'D BY LOCAL REGISTRAR 10-29-53

REGISTRAR'S SIGNATURE C. W. Hearn

24. FUNERAL DIRECTOR Paul E. Blenemann Jr. 3615-17 Eastern Ave. ADDRESS

351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct data is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riderwood X — LENGTH OF STAY (in this place): 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Twin Maple

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riderwood
STREET ADDRESS (If rural, give location): Twin Maple

3. NAME OF DECEASED (Type or Print): George (First) Morgan (Middle) Smith (Last)
4. DATE OF DEATH: (Month) 10 (Day) 31 (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: June 6 1876
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegraph operator
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Balto Co. Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Job. Smith
14. MOTHER'S MAIDEN NAME: Sarah Morgan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: 717-07-7893
17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebral Hemorrhage — 15 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: over.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/18 1953, to 10/31 1953, that I last saw the deceased alive on 10/14 1953, and that death occurred at 10/10a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Bennett C. Stone MD — ADDRESS: Ruxton Md — DATE SIGNED: 10/31/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11-2-53 — NAME OF CEMETERY OR CREMATORY: Jessops Methodist — LOCATION (City, town, or county) (State): Sparks Md.

DATE REC'D BY LOCAL REG.: Nov. 3, 1953 — REGISTRAR'S SIGNATURE: Mabel [illegible]

24. FUNERAL DIRECTOR — ADDRESS: Brooks Funeral Serive Sparks, Md.

I consulted with Medical Examiner, Dr. Rollin Hudson, before signing the certificate. Patient has had hypertension and was being treated for it but had no severe symptoms before this final episode.

Bennett A. Stoen M.D.

BUREAU V. S.
NOV
RECEIV

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleton, Balto Co. Md. R.F.D.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7714 Linden Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY V. 1
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chicago.
STREET ADDRESS 5428 S. Parkway. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Virginia (Last) Smith.
4. DATE OF DEATH: (Month) Oct. (Day) 30 (Year) 1953
5. SEX: Fem.
6. COLOR OR RACE: Cau
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 27 1900
9. AGE last birthday: 53 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Lewisburg, N. Dak.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Rev. William M. Moorman
14. MOTHER'S MAIDEN NAME: Millie L. Saunders
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Anna M. Rhodes (Sister).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Immediately

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF DEATH (Month) (Day) (Year) (Hour): 10-30-53 / 30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title) W. M. Carmine M.D. ADDRESS 102 pine St. Medical Examiner Balto. Co. Dundalk 22 Md DATE SIGNED 10/30/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 3, 1953
NAME OF CEMETERY OR CREMATORY: Mt. Auburn
LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 11/2/53
REGISTRAR'S SIGNATURE: H.C.W. Hebel Deputy
24. FUNERAL DIRECTOR: Sunset ADDRESS 7631 Druid Hill Ave.

Film #G159 Item # 4 11/10/53 emp

0987

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Turners Station — LENGTH OF STAY (In this place) 2 — HOSPITAL OR INSTITUTION OR STREET ADDRESS X — MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Baltimore Co. — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Turners Station — STREET ADDRESS (If rural, give location) 416 Colefax Way

3. NAME OF DECEASED (Type or Print): (First) MICHAEL (Middle) (Last) SMITH

4. DATE OF DEATH: (Month) 10 (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 6-7-53

9. AGE last birthday: yrs. — If under 1 year: Months 4, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Theoffie Smith

14. MOTHER'S MAIDEN NAME: Magdelene Fulghum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Madeline F. Smith, 416 Colefax Way

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

571.0 **Immediate cause** (a) Aspiration of vomitus

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diarrhea - Upper respiratory infection

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R.H. Fisher — (Degree or title) MD — ADDRESS 700 Fleet St Balto 2 Md — DATE SIGNED 10/11/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 10/13/53 — NAME OF CEMETERY OR CREMATORY Mt. Auburn — LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 10/13/53 — REGISTRAR'S SIGNATURE C.W. Heiss

24. FUNERAL DIRECTOR — ADDRESS Charles R. Shaw, 802 Mart. Ave.

206321642S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09880

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas; MARYLAND; LENGTH OF STAY (In this place) 6 yrs 2 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore County Home Cockeysville P.O.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas (Cockeysville P.O.); STREET ADDRESS (If rural, give location) Balto County Home

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Otto	Osbourne	Smith	Oct	6	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Divorced	June 11 1867	91 yrs.		25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Boats	Oklahoma	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Otto Osbourne Smith	Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	none	Baltimore County Home Register

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
450.1 **Immediate cause**	(a) Toxemia	3 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gangrene both feet	3 mo
	(c) Arteriosclerosis with senile changes	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
C. Rollin C. Hudson M.D., D.M.E.	Towson Md	10/6/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 7 53	Baltimore County Home	Texas Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/6/53	Wm. T. Erickson	Saudors & Brooks	Sparks, Md

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (In this place) 24 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 216 D St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural, give location) 216 D St

3. NAME OF DECEASED (Type or Print): (First) William (Willie) (Middle) C (Last) Smith
4. DATE OF DEATH (Month) Oct (Day) 20 (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Nov 28 1884
9. AGE last birthday 68 yrs. — If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fire Mill retired
10b. KIND OF BUSINESS OR INDUSTRY Beth Steel
11. BIRTHPLACE (State or foreign country) South Caroline
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Smith
14. MOTHER'S MAIDEN NAME Angeline Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) Jab
16. SOCIAL SECURITY No.
17. INFORMANT Mrs Frances Smith 216 D St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Sudden

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteri-sclerotic cardio-vascular dis — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 19 47, to Oct, 19 53, that I last saw the deceased alive on Oct. 20, 19 53, and that death occurred at 6:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert E. Farber M.D. 914 D St. Sparrows Pt, Md 10-20-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Oct 23/53 — NAME OF CEMETERY OR CREMATORY Moreland Mem — LOCATION (City, town, or county) (State) Baltimore Co

DATE REC'D BY LOCAL REG. Oct 20-53 — REGISTRAR'S SIGNATURE Dawson T. Harber

24. FUNERAL DIRECTOR — ADDRESS

Ulrich Funeral Home 2112 Dundalk Ave

RECEIVED
OCT 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place) 10 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 AIGBURTH ROAD

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural give location) 5 AIGBURTH RD.

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) EVELYN (Last) SPURGIN

4. DATE OF DEATH: (Month) OCT. (Day) 1 (Year) 1953

5. SEX: F

6 COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: OCT. 16 1891

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CHARLES A. NICHOLSON

14. MOTHER'S MAIDEN NAME: ROSE DORSEY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: CHARLES D. SPURGIN

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA of Sigmoid Colon — Interval Between Onset And Death: 18 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Sigmoid colon with intestinal Obstruction

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 9 1952, to October 1st 1953, that I last saw the deceased alive on October 1 1953, and that death occurred at 8:35 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) A.S. Chalfant MD

ADDRESS 6210 York Road Baltimore 12 Md.

DATE SIGNED Oct 1 53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF 10-3-1953

NAME OF CEMETERY OR CREMATORY: LOUDON PARK

LOCATION (City, town, or county) (State): BALTO. MD.

DATE REC'D BY LOCAL REGISTRAR: 10/2/53

REGISTRAR'S SIGNATURE: A W Hendrick

24. FUNERAL DIRECTOR: H.W. JENKINS & SONS CO.

ADDRESS: 4905 YORK RD.

VS. A15

51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (In this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) Reisterstown Rd

3. NAME OF DECEASED (Type or Print): (First) Herbert (Middle) Elijah (Last) Stallings

4. DATE OF DEATH: (Month) Oct (Day) 20 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Jan 11 1890

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Tool grinder

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles E Stallings

14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-12-1534

17. INFORMANT AND ADDRESS: Mrs H E Stallings Owings Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure.

352X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Right Hemiplegia. — 5 yr

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 17, 19 53, to Oct 20, 19 53, that I last saw the deceased alive on Oct 18, 19 53, and that death occurred at 12:20 A m., from the causes and on the date stated above.

SIGNATURE: George E. Shannon M D (Degree or title) ADDRESS: 820 Medical Arts Bldg DATE SIGNED: 10/20/53

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF: Oct 22 1953
NAME OF CEMETERY OR CREMATORY: Mount View Cemetery
LOCATION (City, town, or county) (State): Howard County Md

DATE REC'D BY LOCAL REG. 10-22-53
REGISTRAR'S SIGNATURE: Mary B. Stine.

24. FUNERAL DIRECTOR: Wm Berryman & Sons ADDRESS: Reisterstown Md

OCT
REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING · PLEASE WRITE PLAINLY. UNFADING INK. Every item of information should be carefully supplied. Physician: please write the causes of death clearly and legibly. correct age is especially i...

1. NAME OF DECEASED (Type or Print): Mary Margaret Stange

2. DATE OF DEATH: Oct. 5, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Co. Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 622 Regester Ave. Stoneleigh

c. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE U. S. B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stoneleigh, Baltimore
D. STREET ADDRESS (If rural, give location): 622 Regester Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
F	W	Single	Feb. 14, 1857	96	7			

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Stange

14. MOTHER'S MAIDEN NAME: Katherine Krebs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO: none

17. INFORMANT: Marie Starlings ADDRESS: 622 Regester Ave.

I CERTIFICATION

18. 592X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Nephritis & Anemia — INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY?
			YES ☐ NO ☐

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. , 19 53, to Oct. 5 , 19 53, that I last saw the deceased alive on Oct 5, 19 53, and that death occurred at 5:30 A m., from the causes and on the date stated above.

23A. SIGNATURE: Harry Ashman M. D. | 23B. ADDRESS: 3700 Jarrett Blvd | 23C. DATE SIGNED: Oct 6, 53

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Oct. 7, 1953	St. Matthews	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR: Paul F. Wolf ADDRESS: 1913 W. Baltimore St

VS 150

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09885

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Rural McDonogh X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home. McDonogh. Md X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Rural McDonogh X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) Willard (Last) Stephens

4. DATE OF DEATH: (Month) Oct (Day) 16 (Year) 19 53

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 24 May 1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Dairy work.

10b. KIND OF BUSINESS OR INDUSTRY: McDonogh School Dairy

11. BIRTHPLACE (State or foreign country): Delta Pennsylvania

12. CITIZEN OF WHAT COUNTRY: United States

13. FATHER'S NAME: William Stephens

14. MOTHER'S MAIDEN NAME: Eva Kilgore

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-32-0676

17. INFORMANT & ADDRESS: Mrs. Edgar Stephens, McDonogh, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X

Immediate cause (a) Rheumatic heart disease — Interval Between Onset And Death: 38 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 July, 1947, to 16 Oct., 19 53, that I last saw the deceased alive on 11 Oct., 19 53, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE Paul H Royer (Degree or title) M.D. ADDRESS Pikesville 8 Md DATE SIGNED 16 Oct 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10-19-53 NAME OF CEMETERY OR CREMATORY Druid Ridge LOCATION (City, town, or county) (State) Pikesville Md

DATE REC'D BY LOCAL REGISTRAR 10-16-53 REGISTRAR'S SIGNATURE A W Hedrick 24. FUNERAL DIRECTOR Frank H Purnell - Pikesville ADDRESS

VS. Alb 1

57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 7/16/53 Days 166

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY:

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore

STREET ADDRESS (If rural give location): 1143 Washington Blvd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
GORDON	L	STIERHOFF	October	19	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	5-17-90	63				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Bar Tender	Self employed	Baltimore, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John C Stierhoff	Anna Dittmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW-I	Unknown	Clin.Rec.Vet.Adm.Hosp., Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) CORONARY THROMBOSIS WITH INFARCTION	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-17-53	Thoracotomy left - Excision of portion of lung for biopsy	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 16, 1953, to Oct. 19, 1953, and that death occurred at 6:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
WILLIAM B. VANDEGRIFT, M. D.	VAH, FORT HOWARD, MARYLAND	10-20-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-23-53	BALTO. NATL. Loudon Park Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS

Howard Blight Funeral Home
6009 Harford Road, Baltimore 14, Maryland
Mildred T. Blight

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville 28 LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp. Catonsville 28, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 22 Md.
STREET ADDRESS (If rural give location) 42 Kinship Road

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) (Last) Stocker

4. DATE OF DEATH: (Month) October (Day) 17 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: APR. 13, 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. Edward Mahoney

14. MOTHER'S MAIDEN NAME: Anna Hogert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: John Stocker 42 Kinship Rd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Myocardial degeneration, c. hypertrophy,
DUE TO (c) & congestive failure

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19 ., to ..... ,19....., that I last saw the deceased alive on ..... , 19 .. , and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Victoria M. Udel, M.D. (Degree or title) ADDRESS Spring Grove State Hosp. DATE SIGNED October 17, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10-21-53. — NAME OF CEMETERY OR CREMATORY Oak Lawn Cem. — LOCATION (City, town, or county) (State) 7225 Eastern Ave. Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 10-20-53 — REGISTRAR'S SIGNATURE A. W. Hedrich Asst. Reg.

24. FUNERAL DIRECTOR Charles J. Giguiles — ADDRESS 901 S. Conkling St. Balto. 24, Md.

DR. O'Donnell
7501

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson Md.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 615 Fairway Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balt.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson; STREET ADDRESS (If rural give location) 615 Fairway Drive

3. NAME OF DECEASED: (Type or Print) (First) Mildred (Middle) (Last) Stout

4. DATE OF DEATH: (Month) Oct (Day) 14 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 24, 1922

9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Arthur C. Willis

14. MOTHER'S MAIDEN NAME: Auclert

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebral Hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Malignant Hypertension DUE TO

(c)

Interval Between Onset And Death: (a) Sudden (b) 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ....., 1946, to Oct 14, 1953, that I last saw the deceased alive on Oct 14, 1953, and that death occurred at 10⁰⁰ AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles F. O'Donnell MD 7501 York Rd 10/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF; NAME OF CEMETERY OR CREMATORY Parkwood; LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REGISTRAR 10-15-53; REGISTRAR'S SIGNATURE C. W. Hedrick

24. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS 5305 Harford Rd

VS. A10

1

JST

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ( )

CERTIFICATE OF DEATH

Reg. Dist. No. 4W

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) ARBUTUS
MARYLAND LENGTH OF STAY (in this place) 51
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5510 ASHBOURNE RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS 51
STREET ADDRESS (If rural give location) 5510 ASHBOURNE RD.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) H. (Last) TURNER

4. DATE OF DEATH: (Month) OCT. (Day) 13 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 9 1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: HASCO MILLS

11. BIRTHPLACE (State or foreign country): MARYLAND.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GEORGE W. TURNER

14. MOTHER'S MAIDEN NAME: CAROLINE HAFFER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) N

16. SOCIAL SECURITY NO.: 218-09-9005

17. INFORMANT & ADDRESS: MAY TURNER. 5510 ASHBOURNE. RD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Acute Coronary Occlusion

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Myocardial Infarction
DUE TO (c) Hypertensive Arteriosclerosis

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/10, 1953, to 10/13, 1953, that I last saw the deceased alive on 10/13, 1953 and that death occurred at 5 P.M. from the causes and on the date stated above.

SIGNATURE John B Healy (Degree or title) MD ADDRESS Francis Lee DATE SIGNED 10/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF Oct. 16, 1953
NAME OF CEMETERY OR CREMATORY MT. OLIVET
LOCATION (City, town, or county) BALTIMORE (State) MARYLAND

DATE REC'D BY LOCAL REGISTRAR 10/14/53
REGISTRAR'S SIGNATURE W W Hennix
24. FUNERAL DIRECTOR Joseph J. Ambrose ADDRESS 1328 Dolphin Sq. Rd.

VS. Aug T

09890

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockhall
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) McKivitt (Last) Urie

4. DATE OF DEATH: (Month) Oct. (Day) 4 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Sept. 5 1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank McKivitt

14. MOTHER'S MAIDEN NAME: Martha Boyer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Heart failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic cardiovascular disease 1+ yr.

DUE TO

(c) Generalized arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 3, 1953, to Oct. 4, 1953, that I last saw the deceased alive on Oct. 4, 1953, and that death occurred at 4:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis Frances Woodward M.D. Spring Grove State Hosp. Catonsville 28 Md. Oct. 4 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Oct 7, 1953

NAME OF CEMETERY OR CREMATORY Wesley Chapel

LOCATION (City, town, or county) (State) Church Hill Md

DATE REC'D BY LOCAL REGISTRAR 10/6/53

REGISTRAR'S SIGNATURE A. W. Hedrich dmr.

24. FUNERAL DIRECTOR Marvin V. Williams

ADDRESS Church Hill Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 4-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY —; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural give location) 1016 N. Cathedral Street

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) R. (Last) VAUGHAN

4. DATE OF DEATH: (Month) October (Day) 4 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 3-28-1900

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Short order cook

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Portsmouth, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jessie Vaughan

14. MOTHER'S MAIDEN NAME: Sarah Hymes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.: 216-10-2075

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) MALNUTRITION — Interval Between Onset And Death: 13 Months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) RESECTION OF ILEUM AND JEJUNUM INFARCT OF SMALL INTESTINE — 13 Months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-30

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 3, 19 53, to Oct. 4, 19 53 [illegible] and that death occurred at 8:20 P.M., from the causes and on the date stated above.

SIGNATURE William R. Vandegrift, M.D. (Degree or title) ADDRESS VAH, Fort Howard, Md. DATE SIGNED 10-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 10-6-53 NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 10/6/53 REGISTRAR'S SIGNATURE [signature] Dmr

24. FUNERAL DIRECTOR ADDRESS The Howard Blight Funeral Home 6009 Harford Road, Baltimore 11, Md. Mildred T Blight

VS. [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River Balto 20 — LENGTH OF STAY (In this place) 4 — HOSPITAL OR INSTITUTION OR STREET ADDRESS Bird River Rd Rfd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Marsh — STREET ADDRESS (If rural, give location) Vincent Rd

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) H. (Last) Wagenfuehr

4. DATE OF DEATH: (Month) Oct (Day) 5 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 22 1907

9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Well Digger

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Chas Wagenfuehr

14. MOTHER'S MAIDEN NAME: Caroline Erbes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Chas. W. Wagenfuehr Rd 1 Box Rd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning (accidental) — Instantaneous

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

9278

11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Middle River — (CITY OR TOWN): Balto. — (COUNTY): — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 5-53. 4 P m. — INJURY OCCURRED While at work ☑ Not while at work ☐ — HOW DID INJURY OCCUR? While digging well

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑ suicide ☐ homicide ☐ undetermined ☐*

SIGNATURE (Degree or Title): Wm Carmine M.D. — ADDRESS: Deputy Medical Examiner Balto. Co Dundalk 22 Md — DATE SIGNED: 10/5/53

23. BURIAL, CREMATION REMOVAL, (Specify): Burial — DATE THEREOF: 10/7/53 — NAME OF CEMETERY OR CREMATORY: St Michaels Luth Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 10/8/53 — REGISTRAR'S SIGNATURE: Edith Hurley

24. FUNERAL DIRECTOR — ADDRESS: Lansdale Funeral Home 7401 Belair Rd

V 15A

3

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Catonsville
LENGTH OF STAY (in this place) 12yrs. 4mo 23da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) Westchester St.

3. NAME OF DECEASED: (Type or Print) (First) Bernard (Middle) Herman (Last) Wallenhorst

4. DATE OF DEATH: (Month) Oct (Day) 10 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Nov 2, 1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY: Mintag

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Bernard H. Wallenhorst

14. MOTHER'S MAIDEN NAME: Bertha Leigeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk

16. SOCIAL SECURITY NO.: unk.

17. INFORMANT & ADDRESS: Records, Spring Grove State Hosp Catonsville 28, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44 x 5

Immediate cause (a) Decompensatory heart disease — Interval Between Onset And Death: yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cerebral vascular renal Disease — "

DUE TO (c) Generalized arteriosclerosis — "

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 13, 1953 to Oct 10, 1953, that I last saw the deceased alive on Oct 7, 1953 and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward Herrmann-Freeman (M.D.) — ADDRESS Spring Grove State Hosp Catonsville Md. — DATE SIGNED Oct 10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/13/53 — NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery — LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR 10/12/53 — REGISTRAR'S SIGNATURE T. E. Harrop

24. FUNERAL DIRECTOR Easton Long — ADDRESS Ellicott City, Md.

VS-

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly:

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Freeland
LENGTH OF STAY (in this place) 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lower Ridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Freeland.
STREET ADDRESS (If rural give location) Lower Ridge Rd.

3. NAME OF DECEASED: (Type or Print) (First) Ralph (Middle) A. (Last) Warner.

4. DATE OF DEATH: (Month) October (Day) 13 (Year) 1953.

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: October 14 1896 | 9. AGE last birthday: 57 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Canning Factory | 11. BIRTHPLACE (State or foreign country): Dallastown, Pa. R.D. | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Rufus Warner

14. MOTHER'S MAIDEN NAME: Cora Rohrbaugh.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 186-01-3622

17. INFORMANT & ADDRESS: Mrs. Ralph Warner - Freeland, Md. R.D.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.8

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset And Death: 5 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION: none | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19..... to 10-13, 1953 that I last saw the deceased alive on 10-9, 1953, and that death occurred at 7:45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis Schatanoff M.D. ADDRESS New Freedom Pa. DATE SIGNED 10-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF October 17 1953 | NAME OF CEMETERY OR CREMATORY Stitz Cemetery | LOCATION (City, town, or county) Glen Rock, Penna | (State) R.D.3.

DATE REC'D BY LOCAL REGISTRAR Oct 14 1953 | REGISTRAR'S SIGNATURE Edwards L. Fuller

24. FUNERAL DIRECTOR Jacob Hartenstein, New Freedom, Pa. | ADDRESS

VS. A[illegible]

RECEIVED
OCT
BUREAU V. S.

Film #G-158 Item No. 14 10/21/53 erp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~ Parkville
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8000 Old Harford Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~ Parkville
STREET ADDRESS (If rural, give location) 8000 Old Harford Road

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) H. (Last) WEBB

4. DATE OF DEATH: (Month) October (Day) 15, (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: August 28, 1872

9. AGE last birthday: 81 yrs.
IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Architect

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Webb

14. MOTHER'S MAIDEN NAME: Mary unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Edward G. Webb, 8000 Old Harford Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic Myocarditis (Interstitial) — INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Chronic Rheumatoid Arthritis — years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1945, to 10/15, 1953, that I last saw the deceased alive on 10/13, 1953, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE Tyler Colby MD (DEGREE OR TITLE) ADDRESS 5703 Harford Rd DATE SIGNED 10/15/53

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF 10/17/53
NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery
LOCATION (City, town, or county) (State) Pikesville, Maryland

DATE REC'D BY LOCAL REG. 10-16-53
REGISTRAR'S SIGNATURE O W Hedrick

24. FUNERAL DIRECTOR Wm. Cook Inc., ADDRESS 1217 St. Paul Street

15-A15 S-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0353

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR PRINT PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1043 Myrtle Avenue

3. NAME OF DECEASED (Type or Print): (First) HERBERT (Middle) F. (Last) WEST

4. DATE OF DEATH: (Month) October (Day) 21 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-23-11

9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Maintenance Man

10b. KIND OF BUSINESS OR INDUSTRY: Plastic Corp.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William West

14. MOTHER'S MAIDEN NAME: Annie Nicholas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

591X

Immediate cause (a) SUBACUTE NEPHRITIS — Interval Between Onset And Death: 4 MONTHS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work [ ] Not While At Work [ ] — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep. 21, 1953, to Oct. 21, 19 53, that I last saw the deceased alive on [illegible] and that death occurred at 5:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 10-21-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/26/53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: Holland Funeral Home, 1631 Druid Hill Ave., Baltimore, Maryland

VS-A-T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Highlands
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3018 Illinois Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore X
STREET ADDRESS (If rural, give location) 3018 Illinois Ave.

3. NAME OF DECEASED (Type or Print): (First) ELANORA (Middle) (Last) WILLIAMS

4. DATE OF DEATH: (Month) Oct. (Day) 29 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Sept. 7, 1871

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elzie Williams

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Balto. Highlands, Md. Mr. Archie Williams - 3018 Illinois Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Cerebral thrombosis — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Generalized arteriosclerosis
(c) C.V.D.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION (Specify) —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5, 1950, to 10/29, 1953, that I last saw the deceased alive on 10/28, 1953, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Karl Schofield ADDRESS 701 Annapolis Rd DATE SIGNED 10/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10/31/53
NAME OF CEMETERY OR CREMATORY: Meadowridge Mem. Pk.
LOCATION (City, town, or county) (State): Elkridge, Md.

DATE REC'D BY LOCAL REG.: 10-30-53
REGISTRAR'S SIGNATURE: W W Hessick

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons ADDRESS: Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore 21 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 409 Back River Neck Rd. (X)
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Back River (X)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 409 Back River Neck Rd. (X)
STREET ADDRESS (If rural, give location) Baltimore 21 Route 3

3. NAME OF DECEASED (Type or Print): (First) Madline (Middle) Williams (Last)

4. DATE OF DEATH: (Month) October (Day) 11th (Year) 53

5. SEX: F

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Dec. 14, 12

9. AGE last birthday: 40 yrs.

If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Williams

14. MOTHER'S MAIDEN NAME: Annie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Edna Fonda

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval between onset and death: 1 wk.

401.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic Fever — 4 mo

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19 53, to October 53, that I last saw the deceased alive on October 11th, 1953, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. E. Thomas, M.D. 107 N. Main St. Fallston, Md. 10/11/53

23. BURIAL, CREMATION / REMOVAL (Specify) — DATE THEREOF 10-14-53 — NAME OF CEMETERY OR CREMATORY All Hallows — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 10/13/53 — REGISTRAR'S SIGNATURE C. W. Hennigs

24. FUNERAL DIRECTOR Everett S. Wilson — ADDRESS 1000 [illegible]

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 40 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 532 W. Mulberry Street

3. NAME OF DECEASED: (Type or Print) (First) ISAAC (Middle) JOHN (Last) WILSON

4. DATE OF DEATH: (Month) October (Day) 3 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-22-85

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Isaac Wilson

14. MOTHER'S MAIDEN NAME: Theresa Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ABDOMINAL HODGKIN'S DISEASE

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death: 3 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-28-53

19b. MAJOR FINDINGS OF OPERATION: Excision of cervical lymph node right

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 24 ,19 53, to Oct. 3 , 19 53 that I last saw deceased alive on and that death occurred at 7:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. VANDEGRIFT, M. D.

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 10-7-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10-8-53

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 10/8/53

REGISTRAR'S SIGNATURE H. E. Hedrick

24. FUNERAL DIRECTOR ADDRESS Howard Blight Funeral Home, 6009 Harford Rd., Baltimore, Md.

per Mildred J. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville 28

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Paradise Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28

STREET ADDRESS (If rural, give location) 4 Paradise Ave

3. NAME OF DECEASED: (First) WILLIAM (Middle) E (Last) WILSON

4. DATE OF DEATH: (Month) Oct. (Day) 11, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 8, 1892

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Highland, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY No.: (If Yes, give war or dates of service) 215-22-7438

17. INFORMANT & ADDRESS: Eleanor T. Wilson, Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Mitral Insufficiency — Interval Between Onset and Death: 7 days.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arterio-sclerotic Heart Disease — Interval: ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's Disease

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) M. OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-5-53, 1953 to 10-11-53, 1953 that I last saw the deceased alive on 10-11-53 19....., and that death occurred at 5.30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

C. T. Maloney MD 57 Winterslane Catonsville 10/12/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 10-15-53 — NAME OF CEMETERY OR CREMATORY West Liberty — LOCATION (City, town, or county) Alpha, Md. (State)

DATE REC'D BY LOCAL REG. 10/14/53 — REGISTRAR'S SIGNATURE W. E. Harry

24. FUNERAL DIRECTOR F. C. Higinbothom, Ellicott City, Md. — ADDRESS

V-S 15 8-51

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 4 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural give location) 802 N. Bentalou Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Curwin	S.	Yeagle	October 13, 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	6-7-1875	78 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired salesman-Tire & Tube accessories		Pennsylvania	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Yeagle	Sarah Simons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Unknown	no ~~Unknown~~	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

442X

Immediate cause (a) Pulmonary edema — 3/ days

DUE TO

Antecedent causes (b) Chronic cardio-nephritic disease — Years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-10-, 1953, to 10-13-, 19 53, that I last saw the deceased alive on ....., 19....., and that death occurred at 5:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bruno Radauskas, M.D. — ADDRESS Spring Grove State Hospital Catonsville 28, Maryland — DATE SIGNED 10-13-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/16/53	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/13/53	[signature]	Wm. J. Tickner & Sons	Balto. 17, Md.

VS.

MARYLAND STATE DEPARTMENT OF HEALTH 85902

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville; MARYLAND LENGTH OF STAY (In this place): X; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Reisterstown Road. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 216 S. East Ave. #24 0001-4

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Barbara	Lorraine	Zeller	Oct.	11	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Single	5-5-32	21 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	U.S.Gov'temploy	Baltimore, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William C. Zeller	Magdalena Blank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no — no	219-28-9205	Wm.C.Zeller,216S.East Ave.,Balto,,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fractured Skull	
825X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured right ankle	20 min.
	(c) Crushed Chest	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway	(CITY OR TOWN): Pikesville	(COUNTY): Balto.	(STATE): Md.

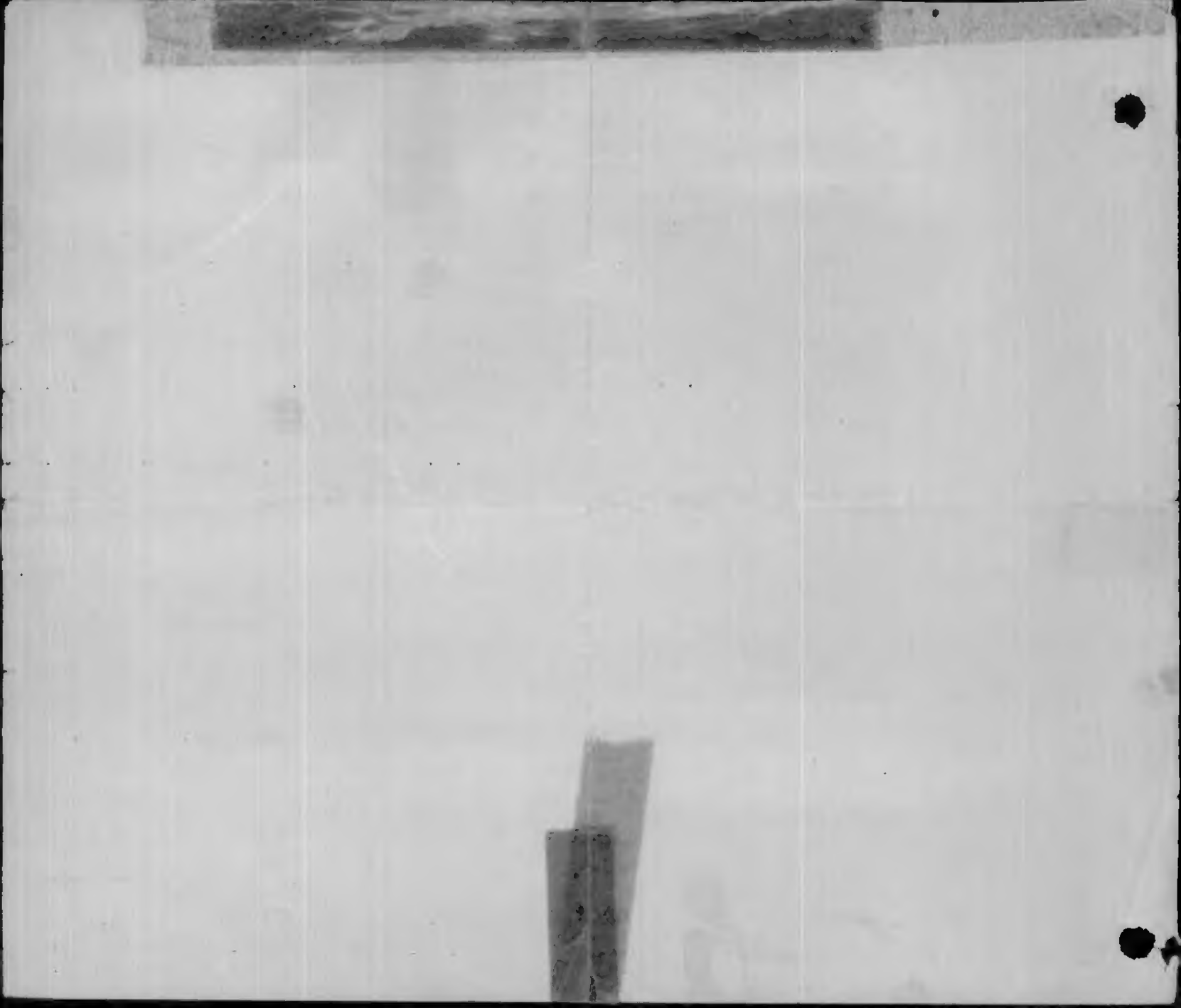
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Oct. 11 '53 11 A.M.		Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D.D. Caples	Deputy Med. Exam. M.D.	Reisterstown, Md.	10-13-53

BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-15-53	Sacred Heart Cem.	7401 German Hill Rd., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10/19/53	a w Hedrick	Chas. S.Zeiler, 901 S. Conkling St. Balto, 24, Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09903

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: BALTIMORE — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): (RURAL) BALTIMORE CITY

LENGTH OF STAY (in this place): 4 MONTHS

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MARYLAND — COUNTY: BALTO

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (RURAL) BALTIMORE

STREET ADDRESS (If rural give location): FORREST HILL ROAD 3622

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) C (Last) ZIMMERMAN

4. DATE OF DEATH: (Month) 10 (Day) 9 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
MALE	WHITE	WIDOWED	5/ 1876	77				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
POSTAL CLERK	IN POSTOFFICE	MARYLAND	U.S.A.

13. FATHER'S NAME: THEODORE C. ZIMMERMAN

14. MOTHER'S MAIDEN NAME: ALCINDA CRUM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO		219-10-6957	MRS MADELINE Z. ENGLE 3120 ST. PAUL ST BALTO MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 420.1 Coronary Thrombosis — 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-24-50 to 10-9-1953, that I last saw the deceased alive on 10-4-53, and that death occurred at 12:20 P.M. from the causes and on the date stated above.

SIGNATURE: Harry S. Finkel (Degree or title): Physician ADDRESS: 4605 Edmondson Ave DATE SIGNED: 10-10-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	10/ 1953	MT HOPE	WOODSBORO MD.

DATE REC'D BY LOCAL REGISTRAR: 28 October, 1953

REGISTRAR'S SIGNATURE: A. W. Zedrich

24. FUNERAL DIRECTOR: G.C. BARTON — ADDRESS: WALKERSVILLE MD.

mnb

RECEIVED
OCT 26 1953
BUREAU V. S.